**POST ARREST CARE**

Return of spontaneous circulation (ROSC)

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**Optimize Ventilation and Oxygenation**

Secure airway as appropriate

Maintain respiratory rate approximately 10/min

Maintain oxygen saturation 94 - 99%

Maintain exhaled CO₂ 35 - 40 mmhg

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**Optimize Cardiac Function**

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Stabilize Heart Rate

(above 60 BPM)

Only if needed:

Stabilize Rhythm

Antiarrhythmic Infusion

or

(bolus and infusion for serious ectopy)

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Stabilize Blood Pressure

Fluids up to 1-2 liters

Vasoactive Infusions

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Advanced Critical Care

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12 Lead ⊗ for STEMI

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Consider PCI Center

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Inappropriate Neurological Response

(not following commands)

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Induced Hypothermia

(32 – 36°C)

Monitor, Address, and Maintain All:

- Hypoxia
- Hypovolemia
- Hydrogen ion (Acidosis)
- Hyper/Hypokalemia
- Hypothermia
- Toxins (overdose)
- Thrombosis - Pulmonary
- Thrombosis - Coronary
- Tamponade (Cardiac)
- Tension Pneumothorax

While much of this is done simultaneously, the general mode of treatment is:

Stabilize the **Rate** → Stabilize the **Rhythm** → Stabilize the **Blood Pressure**

**Excessive Ventilation**

Although the delivery of oxygen is extremely important to support breathing after ROSC some tips to keep in mind are:

- Avoid **hyperventilation** due to potential for increased intrathoracic pressure, decreased cardiac output and decreased blood flow to the brain
- Titrate oxygen to achieve O₂ sat ≥94%. **Hyper-oxygenation** may cause cellular toxicity