Post Resuscitation Care

Remain on scene to stabilize the patient

Positive outcomes decrease with hypoxia hyper/hypocapnia, hypotension, and fever. Focus on the prevention of these elements

Repeat Primary Assessment

Optimize Oxygenation & Ventilation

Insert advanced airway (if not already done) as per Airway Management protocol

Ventilate at 10 breaths/min (1 every 6 seconds)¹ Maintain SpO2 92-98% and EtCO2 30-40mmHg

- Elevate head of bed 20-30 if able
- Avoid hypoxemia and hyperventilation

Manage Shock

(SBP <90mmHg or MAP < 65mmHg)

Crystalloid fluid bolus 500 ml

Consider Vasopressor Infusion Norepinephrine 2-12 mcg/min

or

Dopamine 5-20 mcg/kg/min

or

Epinephrine 2-20 mcg/min

titrate to MAP > 65mmHg (use Shock protocol as needed) ³Consider **Push Dose Epinephrine** while preparing vasopressor infusion

Mix in syringe 1ml of 1mg/10ml Epinephrine with 9 ml of NS (syringe = 10mcg/ml Epinephrine)

Give 1ml IV/IO q3-5 min prn

Obtain 12-lead EKG

- Alert hospital if STEMI
- If VF/VT during resuscitation, give **Amiodarone** 150mg IV/IO (if bolus dose was not already given) over 10 minutes followed by 1mg/min IV/IO infusion
- Treat other dysrhythmias per appropriate Cardiac protocol²
- Identify and treat reversible causes of arrest (i.e. H's and T's)
 - Transport to appropriate receiving facility⁴
 - Monitor closely for deterioration and/or re-arrest⁵
 - If re-arrest occurs, treat as per Cardiac Arrest protocol

Consult **Medical Control** for additional orders or consultation

- ¹ Avoid hyperventilation! Hyperventilation decreases venous return to the heart and can lead to hypotension.
- ² Ventricular ectopic beats should be presumed to represent unstable VT if ≥ 3 sequential wide complex beats are visualized.
- ³ Surface cooling: apply ice/cold packs to the axilla and groin or use a commercial device for passive cooling. Do not use cooled IV fluids.
- Consider transport to a facility with cardiac catheterization capability and/or continuous targeted temperature management.
- ⁵ Be prepared for seizures due to brain injury. Treat observed seizures with benzodiazepines as per Seizure protocol.

