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Post Cardiac Arrest Care (Return of Spontaneous Circulation)



AIRWAY MANAGEMENT

- Open and maintain
- Intubate if required .
 - Use capnography when available

BREATHING SUPPORT

- If required ventilate every 6 seconds
- Target oxygen saturation of 92-98%
- Target normocarbia (CO₂ 35-45 mmHg)
 - Apply protective lung ventilation when appropriate

CIRCULATORY CONTROL

Maintain and monitor perfusion

- Initially target SBP > 90 mmHg (MAP > 65 mmHg)
- Urine output
- Lactate levels

Advanced monitoring

- Monitor HR, BP, capillary refill
- Consider appropriate fluid administration
- Consider inotrope infusion

DIFFERENTIAL DIAGNOSIS

Search for contributory causes

- Hypoxia Tension pneumothorax
- Hypovolaemia . Tamponade
 - Thrombosis (coronary)
- Hypo/hyperkalaemia . Hydrogen ion imbalance (Acidosis) •
 - Thrombosis (pulmonary) Toxins and drugs
 - Hypoglycaemia Trauma
 - Hypothermia

EVALUATION

- 12 lead ECG (including right-sided ECG)
- . Coronary angiography if arrest of suspected cardiac origin
- Early reperfusion if indicated (especially STEMI or LBBB)
- Continuous ECG monitoring •
- . Haemodynamic monitoring
- Appropriate laboratory investigations

Follow commands? (Pt unresponsive)

'FREEZING' (Targeted Temperature Management)

Use established cooling strategies and protocols; or in the absence of a cooling protocol, aggressively target normothermia (Avoid temp > 36.5° C for > 24 hours) Monitor glucose, electrolytes (especially K, Ca, Mg, Po₄), and Haemodynamic status

Suggested Initial Ventilation

- Tidal Vol of 6 ml/kg (ideal weight)
- PEEP of \geq 5 cmH₂O
- Target pH of > 7.20

Inotrope Administration

Start Adrenaline at 0.05 µg/kg/min and titrate to effect

RESPONSIVE

GLUCOSE CONTROL

- Maintain blood glucose at 8-10 mmol/l
- Avoid hypoglycaemia

HEAD/NEURO EVALUATION

- Treat seizures aggressively
- Consider EEG monitoring
- Consider brain imaging
- Delay prognostication for at least 72 hours post normothermia