Cardiac Arrest Post Resuscitation – 10.054

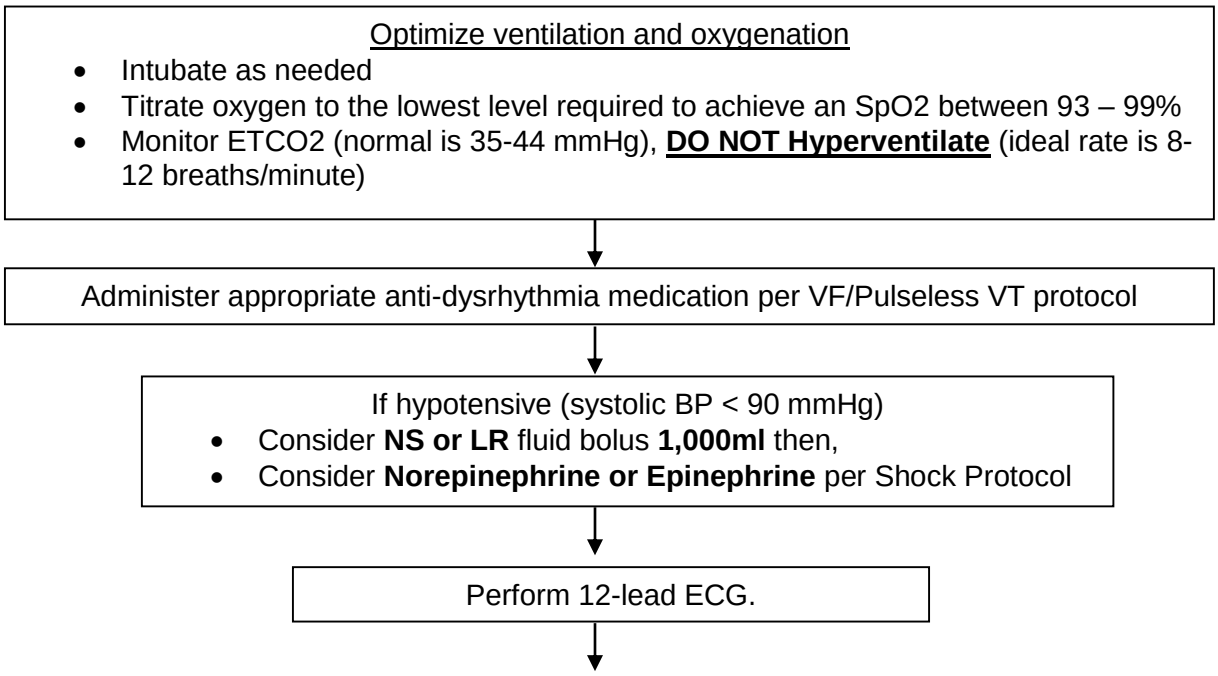
Up to 40% of patients with ROSC will re-arrest before arriving at the hospital. Re-arrest is associated with lower survival.

Stabilizing measures performed in the immediate post-ROSC period may reduce the risk of re-arrest and should be initiated on-scene prior to movement of the patient and/or transport.

Post-ROSC Checklist - to be performed prior to moving the patient

- Monitor femoral pulse, waveform capnography, and telemetry for signs of re-arrest
- Obtain full set of vital signs and CBG
  - If MAP <65, administer 500 cc fluids bolus.
  - If persistent hypotension, consider push-dose epinephrine and/or vasopressor infusion. Titrate to MAP > 65.
- Perform 12-lead EKG
- Confirm security of airway and suction as necessary
  - Maintain SpO2 93-99%
  - If breathing spontaneously, assist native respiratory rate
  - If patient is apneic or has agonal respiratory activity, target $EtCO_2$ 35-45 mmHg
- Ensure adequate IV/IO access and patency
- Prepare norepinephrine drip for infusion (epinephrine drip if norepinephrine not available or cardiac arrest is suspected secondary to anaphylaxis) in anticipation of post-ROSC hypotension
- Elevate head of bed to 30 degrees
- Package patient with mechanical CPR device in place, if available
- Transport to PCI-capable facility if possible

TREATMENT:



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Transport all patients with ROSC to a hospital with emergent interventional capability

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If arrest re-occurs, treat per appropriate protocol.

NOTES & PRECAUTIONS:

A. Hyperventilation reduces venous return and may cause hypotension Additional causes of post-resuscitation hypotension include hypovolemia and pneumothorax especially in the presence of positive pressure ventilation.

B. The condition of post-resuscitation patients fluctuates rapidly and they require close monitoring.

C. Transport all post ROSC patients of suspected cardiac nature to SCMC-Bend unless patient needs to be stabilized immediately or not enough resources are available. If post ROSC 12-lead shows STEMI, **DO NOT** activate HEART 1; inform SCMC-Bend ED via HEAR or phone.