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 normoxia; oxygen saturation at 94 - 98%
- Target normocarbia (CO₂ 35 – 45 mmHg)
- Apply protective lung ventilation when appropriate

Suggested Initial Ventilation
- Tidal Vol of 6 ml/kg (ideal weight)
- PEEP of ≥ 5 cmH₂O
- Target pH of > 7.20

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

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

Differential Diagnosis
Search for contributory causes
- Hypoxia
- Hypovolaemia
- Hypo/hyperkalaemia
- Hydrogen ion imbalance (Acidosis)
- Hypoglycaemia
- 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

Differential Diagnosis
Search for contributory causes
- Tension pneumothorax
- Tamponade
- Thrombosis (coronary)
- Thrombosis (pulmonary)
- Toxins and drugs
- Trauma

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