**POST-CARDIAC ARREST**

**Optimize Ventilation and Oxygen**
- Maintain SaO2 >94 – 99%
- Consider advanced airway and ETCO2 (35-40)
- Avoid hyperventilation

**TREAT HYPOTENSION**
- IV/IO BOLUS (1-2 L)
- Vasopressor Infusion
- Treatable causes H’s & T’s
  - 12 Lead EKG

**FOLLOW COMMANDS?**

- YES
- STEMI Or High Suspicion of AMI
- PCI Reperfusion
- Advanced Critical Care

- NO
- Consider Induced Hypothermia 32—36°C >24 hours

**STEMI Or High Suspicion of AMI**

**Based on AHA ECC 2015 Guidelines**

**TACHYCARDIA**

**HR typically > 150 BPM**

**UNIVERSAL ASSESSMENT**
- Reversible Causes? H’s & T’s
  - Airway? BVM as necessary
  - Oxygen if hypoxie
  - Pulse, and Blood Pressure
  - Cardiac Monitor
  - IV Access
  - 12 Lead EKG. DO NOT delay therapy

**Persistent tachyarhythmia with HYPOPERFUSION:**
- Hypotension
- Altered Mental Status
- Shock
- Ischemic Chest Pain/discomfort
- Acute heart failure

**SYNC Cardioversion**
- Consider Sedation
- If regular narrow complex, consider adenosine

**NO**

**Wide QRS? > .12 second**

**YES**

**Consider Adenosine if regular and monomorphic**
**Consider antiarrhythmic infusion**
**EXPERT CONSULTATION**

**NO**

**REVERSIBLE CAUSES**
- Hypovolemia
- Hypoxia
- Hydrogen Ion (H+)
- Hypo/hyperkalemia
- Hypothermia
- Toxins
- Tamponade
- Tension Pneumothorax
- Thrombosis

**Pulmonary**
**Coronary**

**Vagal Maneuvers**
**Adenosine (SVT)**
- 6mg IV Bolus
- 12mg IV Bolus
**β-Blocker or Calcium Channel Blocker**
**EXPERT CONSULTATION**

**Wide Complex Antiarrhythmic Infusion**
- Procainamide - 20-50 mg/min
- Amiodarone - 150 mg over 10 min
- Sotalol - 100 mg (1.5 mg/kg) over 5 min
BRADYCARDIA WITH A PULSE

Heart Rate typically < 50 BPM with complaint

UNIVERSAL ASSESSMENT
Reversible Causes? H’s & T’s
- Airway? BVM as necessary
- Oxygen if Hypoxic
- Pulse, and Blood Pressure
- Cardiac Monitor
- IV Access

Persistent bradycardia with HYPOPERFUSION:
- Hypotension
- Altered Mental Status
- Shock
- Ischemic Chest Pain/discomfort

CONSIDER ATROPINE
Atropine Dose:
- First Dose: 0.5 mg IV Bolus
- Repeat Dose: 0.5 mg IV Bolus
- Repeat every 3 - 5 minutes
- Max total dose: 3 mg

If Atropine is not effective:
- Transcutaneous Pacing
  OR
- Dopamine infusion - 2-20 mcg/kg/min
  OR
- Epinephrine infusion - 2-10 mcg min

Consider:
Expert Consultation
Transvenous Pacing

HELP—ACTIVATE EMERGENCY RESPONSE

START High Quality CPR
30:2
100—120 per minute
Compression Fraction > 60—80 %
- Give Oxygen
- Attach Monitor/Defibrillator

CHECK RHYTHM
VF/VT
SHOCK

Drug Therapy
IV/IO Access
Epinephrine 1 mg 3-5 min
Amiodarone 300 mg VF/VT

CONSIDER ADVANCED AIRWAY
TREAT REVERSIBLE CAUSES
H’s & T’s

POST CARDIAC ARREST CARE