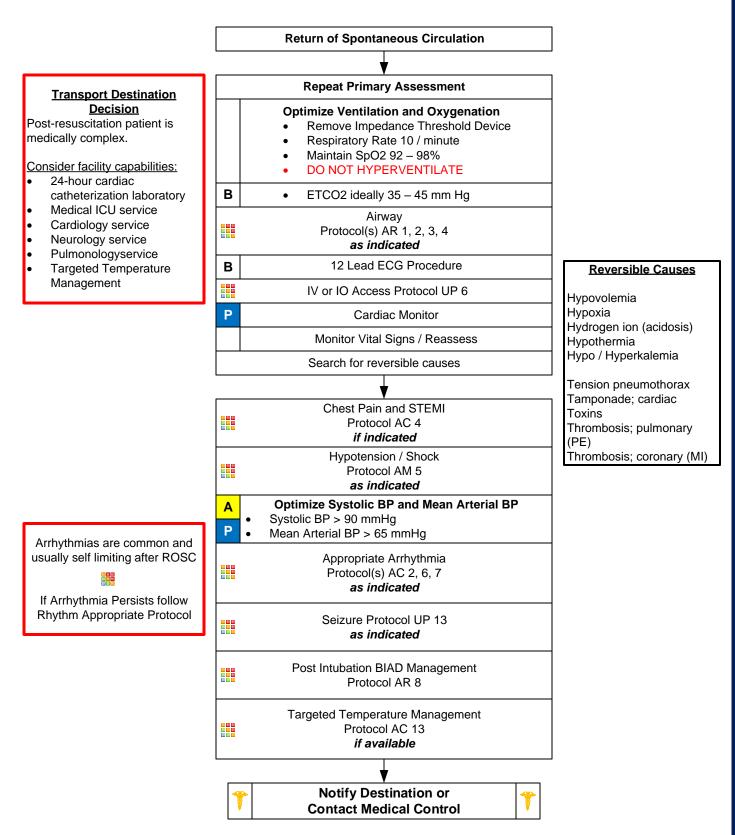


Post Resuscitation





Revised

01/01/2021

- Recommended Exam: Mental Status, Neck, Skin, Lungs, Heart, Abdomen, Extremities, Neuro
- Continue to search for potential cause of cardiac arrest during post-resuscitation care.
- Hyperventilation is a significant cause of hypotension and recurrence of cardiac arrest in the post resuscitation phase and must be avoided. Titrate FiO₂ to maintain SpO₂ of 92 98%.

Pain/sedation:

Patients requiring advanced airways and ventilation commonly experience pain and anxiety. Unrelieved pain can lead to increased catecholamine release, ischemia, immunosuppression, and prolonged hospitalization.

Ventilated patients cannot communicate pain / anxiety and providers are poor at recognizing pain / anxiety.

Vital signs such has tachycardia and / or hypertension can provide clues to inadequate sedation, however they both are not always reliable indicators of patient's lack of adequate sedation.

- Pain must be addressed first, before anxiety. Opioids are typically the first line agents before benzodiazepines. Ketamine is also a reasonable first choice agent.
- Ventilator / Ventilation strategies:

Tailored to individual patient presentations. Medical Control can indicate different strategies above. In general ventilation with BVM should cause chest rise. With mechanical ventilation a reasonable tidal volume

should be about 6 mL/kg and peak pressures should be < 30 cmH20. Continuous pulse oximetry and capnography should be maintained during transport for monitoring.

Head of bed should be maintained at least 10 – 20 degrees of elevation when possible to decrease aspiration risk. EtCO2 Monitoring:

Initial End tidal CO2 may be elevated immediately post-resuscitation, but will usually normalize. Goal is 35 – 45 mmHg but avoid hyperventilation to achieve.

- Titrate fluid resuscitation and vasopressor administration to maintain SBP of 90 100 mmHg or Mean Arterial Pressure (MAP) of 65 – 80 mmHg.
- <u>STEMI (ST-Elevation Myocardial Infarction)</u> Consider placing 2 IV sites in the left arm: Many PCI centers use the right radial artery for intervention. Consider placing defibrillator pads on patient as a precaution. Document and time-stamp facility STEMI notification and make notification as soon as possible. Document the time of the 12-Lead ECG in the PCR as a Procedure along with the interpretation (Paramedic).
 Consider transport to facility capable of managing the post-arrest patient including hypothermia therapy,
- Consider transport to facility capable of managing the post-arrest patient including hypothermia cardiology / cardiac catheterization, intensive care service, and neurology services.
- <u>Targeted Temperature Management (optional):</u> Maintain core temperature between 32 - 36°C. Infusion of cold saline is NOT recommended in the prehospital setting. No evidence suggests improved survival with prehospital cooling.
- The condition of post-resuscitation patients fluctuates rapidly and continuously, and they require close monitoring. Appropriate post-resuscitation management may best be planned in consultation with Medical Control.

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