

## 8.02 F. Post-Cardiac Arrest Care

- A. When pulses return (femoral, carotid), determine the blood pressure and cardiac rhythm.
- B. Monitor pulse oximetry and maintain oxygen saturation  $\geq 94\%$ .
- C. Perform a 12 lead ECG for transmission to destination hospital. Repeat the 12-lead ECG every 5 minutes to assess for changes.
- D. Airway Management
  - 1. If supraglottic airway is in place, consider ET intubation with bougie as per 8.02 A.1.d.
- E. Breathing
  - 1. Ventilate the patient to maintain  $\text{ETCO}_2$  of 35-45 mmHg.
- F. Circulation
  - 1. Re-check blood pressure every 5 minutes during transport.
  - 2. SBP goal of  $> 90$  mmHg.
  - 3. If hypotensive with bradycardia, attempt transthoracic pacing. If patient remains hypotensive and bradycardic, administer Epinephrine drip IV. Titrate gtt to SBP  $> 90$  mmHg.
  - 4. If hypotensive without bradycardia, administer Norepinephrine drip IV. Titrate gtt to SBP  $> 90$  mmHg.
  - 5. If there is concern for decreased intravascular volume, contact On-Line Physician for potential fluid bolus.
- G. Disability
  - 1. Recheck blood glucose.
  - 2. Reassess patient with detailed head to toe exam.
  - 3. Reassess bilateral breath sounds.
- H. Exposure
  - 1. Check patient temperature and follow the appropriate Hypothermia / Hyperthermia guideline.