Immediate Post-Cardiac Arrest Care Algorithm

**Return of Spontaneous Circulation (ROSC)**

- **Optimize Ventilation and Oxygenation**
  - Maintain oxygen saturation 94%
  - Consider advanced airway waveform capnography
  - Do not hyperventilate

- **Treat Hypotension (SBP < 90 mm Hg)**
  - IV/IO bolus
  - Vasopressor infusion
  - Consider treatable causes
  - 12-Lead ECG

**Follow Commands?**

**Targeted Temperature Management**

**Cardiac Catheterization Laboratory**

**Advanced Critical Care**

**Doses/Details**

**Ventilation/Oxygenation**
- Avoid excessive ventilation
- Start at 10 94% breaths/min and titrate to target PETCO₂ of 35–40 mm Hg.
- When feasible, titrate FiO₂ to minimum necessary to achieve SpO₂ ≥ 94%.

**IV Bolus**
- 1–2 L normal saline or lactated Ringer’s.
- If inducing hypothermia, may use 4°C fluid.

**Epinephrine IV Infusion**
- 0.1–0.5 mcg/kg per minute (in 70-kg adult: 7–35 mcg per minute)

**Reversible Causes**
- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypo-/Hyperkalemia
- Hypothermia
- Tension pneumothorax
- Tamponade, cardiac
- Toxins
- Thrombosis, pulmonary
- Thrombosis, coronary

**Dopamine IV Infusion**
- 2–20 mcg/kg per minute

**Norepinephrine IV Infusion**
- 0.1–0.5 mcg/kg per minute (in 70-kg adult: 7–35 mcg per minute)

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