Immediate post-cardiac arrest care algorithm

Return of spontaneous circulation (ROSC)*

Optimize ventilation and oxygenation
- Maintain oxygen saturation >92%–98%
- 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

Cardiac catheterization laboratory
- If STEMI is present
- Unstable cardiogenic shock
- Circulatory support required

Doses/details

Ventilation/oxygenation
- Avoid excessive ventilation
- Start at 10 breaths/min and titrate to target PETCO2 of 35–40 mm Hg
- When feasible, titrate FIO2 to minimum necessary to achieve SpO2 ≥ 92%–98%

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

Epinephrine IV infusion
- 2–10 mcg per minute

Dopamine IV infusion
- 5–20 mcg/kg per minute

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

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

Follow commands?

CT brain
Cardiac monitoring
Advanced critical care

Targeted temperature management**
- CT brain
- Cardiac monitoring
- Advanced critical care

Advanced critical care


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Version control: This document follows 2020 American Heart Association® guidelines for CPR and ECC. American Heart Association® guidelines are updated every five years. If you are reading this page after December 2025, please contact support@acls.net for an update. Version 2023.07.a