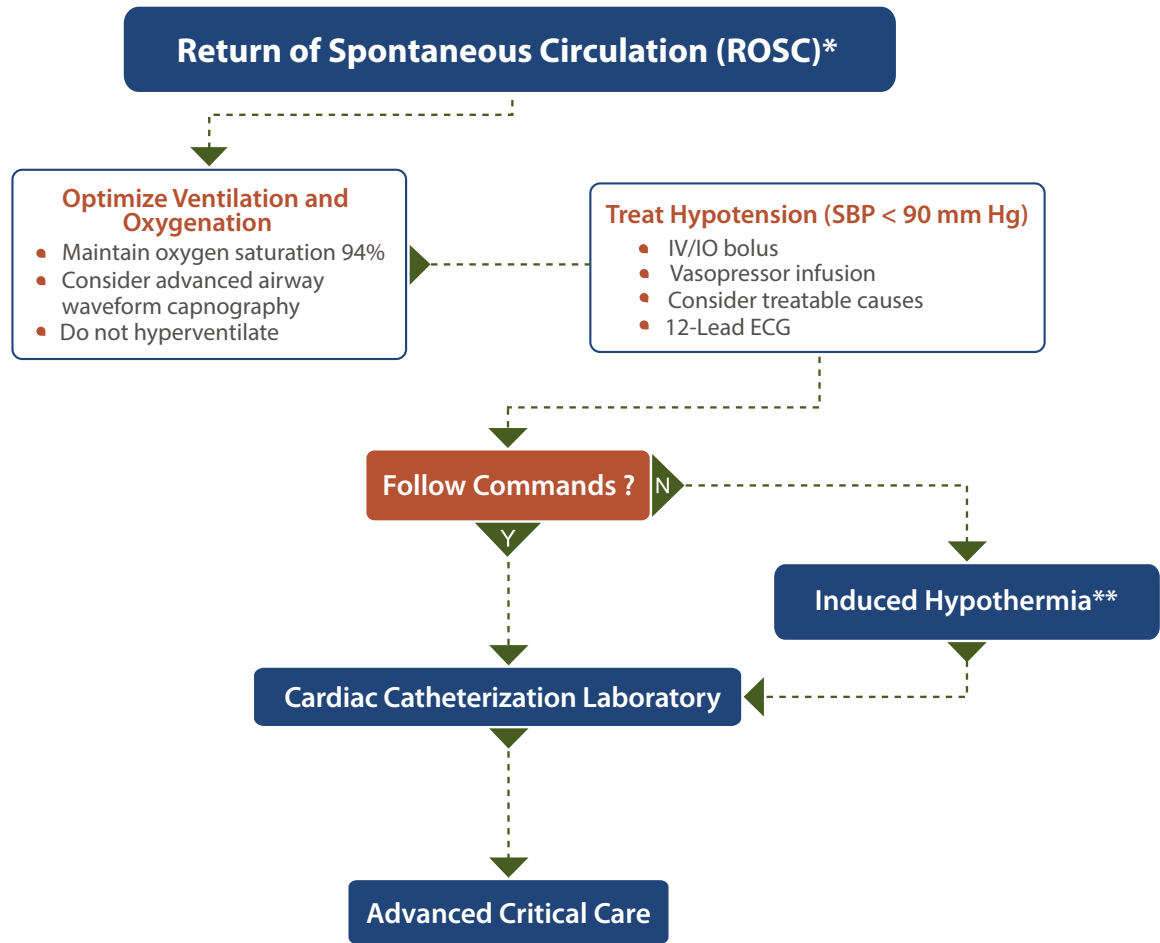


Immediate Post-Cardiac Arrest Care Algorithm



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: 7–35mcg per minute)

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** Bruel C, Parienti JJ, Marie W, Arrot X, Mild hypothermia during advanced life support, a preliminary study in out of hospital cardiac arrest. *Crit Care*. 2008;12: R31

*** Callaway CW, Donnino MW, Fink EL, Geocadin RG, Golan E, Kern KB, Leary M, Meurer WJ, Peberdy MA, Thompson TM, Zimmerman JL. Part 8: post-cardiac arrest care: 2015 American Heart Association Guidelines Update for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. *Circulation* 2015;132(suppl2):S465-S482