Post-Arrest Care

Focus on A-B-C’s (again)
Return your focus to maintaining hemodynamics:
Titrate oxygenation to target O2 sat of 94-98%.
Ventilation: normocapnia (ETCO2 30-40 mmHg).
Perfusion: MAP > 65 mmHg and/or SBP > 90 mmHg.

Target 32-36°C for 24 hours in hospital
Targeted temperature management for adult patients with ROSC who are comatose to 32-36°C. BUT prehospital cooling ain’t so hot. Using cold saline in the field is not beneficial and may cause harm.

If ROSC, consider Cath!
Assess all comatose patients with cardiac etiology for potential angiography. Cath recommended for all with ST-elevation, and selected patients with suspected cardiac etiology even if no ST-elevation.

Wait before you Prognosticate!
Wait 72 hours after arrest or 72 hours after cooling ends before prognostication.

The Gift of Life
Organ donation should be considered in patients who do not have Return of Spontaneous Circulation (ROSC), have brain-death, or withdrawal of care.

* For more Canadian content by the HSFC, check out http://goo.gl/fHu81c

This infographic has been brought to you by the BoringEM.org Team.