



Read the complete 2015 AHA Guidelines at this link:
<https://eccguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/>

1



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.



2

3



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.



4

5



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.

From: <https://eccguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/>
* For more Canadian content by the HSFC, check out <http://goo.gl/fHu8lc>

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



This infographic is made available under the Creative Commons 3.0 license. Please share but attribute!

Template designed by Alvin Chin MSc, MD (cand)
Summary by Blair Bigham MD, FRCPC (cand) & Sarah Lockett-Gatopoulos MD, FRCPC (cand)
Reviewed by Teresa Chan MD, FRCPC & Michelle Welsford MD, FRCPC
Special thanks to Laurie Morrison and the American Heart Association.

