RESUSCITATION COUNCIL OF SOUTHERN AFRICA

2015

POST CARDIAC ARREST CARE

(Return of Spontaneous Circulation)

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2015

A

Airway Management
- Open and maintain
- Intubate if required
- Use capnography when available

B

Breathing Support
- If required ventilate every 6 seconds
- Target normoxia; oxygen saturation at 94 - 98%
- Target normocarbia ($CO_2$35 – 45 mmHg)
- Apply protective lung ventilation when appropriate

Suggested Initial Ventilation
- Tidal Vol of 6 ml/kg (ideal weight)
- PEEP of ≥ 5 cmH_2O
- Target pH of > 7.20)

C

Circulatory Control
Maintain and monitor perfusion
- Initially target SBP > 90 mmHg (MAP > 65 mmHg)
- Urine output
- Lactate levels

Advanced monitoring
- Monitor HR, BP, capillary refill
- Consider appropriate fluid administration
- Consider inotrope infusion

Inotrope Administration
Start Adrenaline at 0.05µg/kg/min and titrate to effect

D

Differential Diagnosis
Search for contributory causes

Hypoxia	Tension pneumothorax
Hypovolaemia	Tamponade
Hypo/hyperkalaemia	Thrombosis (coronary)
Hydrogen ion imbalance (Acidosis)	Thrombosis (pulmonary)
Hypoglycaemia	Toxins and drugs
Hypothermia	Trauma

E

Evaluation
- 12 lead ECG (including right-sided ECG)
- Coronary angiography if arrest of suspected cardiac origin
- Early Reperfusion if indicated (especially STEMI or LBBB)
- Continuous ECG monitoring
- Haemodynamic monitoring
- Appropriate Laboratory investigations

RESPONSIVE

UNRESPONSIVE

F

'Freezing' (Targeted Temperature Management)
Using established cooling strategies and existing protocols
- Maintain a constant targeted T° between 32 - 36°C for > 24 hours
- Monitor glucose, electrolytes (especially K, Ca, Mg, Po_4), and Haemodynamic status
- Rewarm at 0.25°C per hour
- Avoid rebound hyperthermia (T° > 37.5°C)

G

Glucose Control
- Maintain blood glucose at 8 - 10 mmol/l
- Avoid hypoglycaemia

H

Head / Neuro Evaluation
- Treat seizures aggressively
- Consider EEG monitoring
- Consider brain imaging
- Delay prognostication for at least 72 hours post normothermia