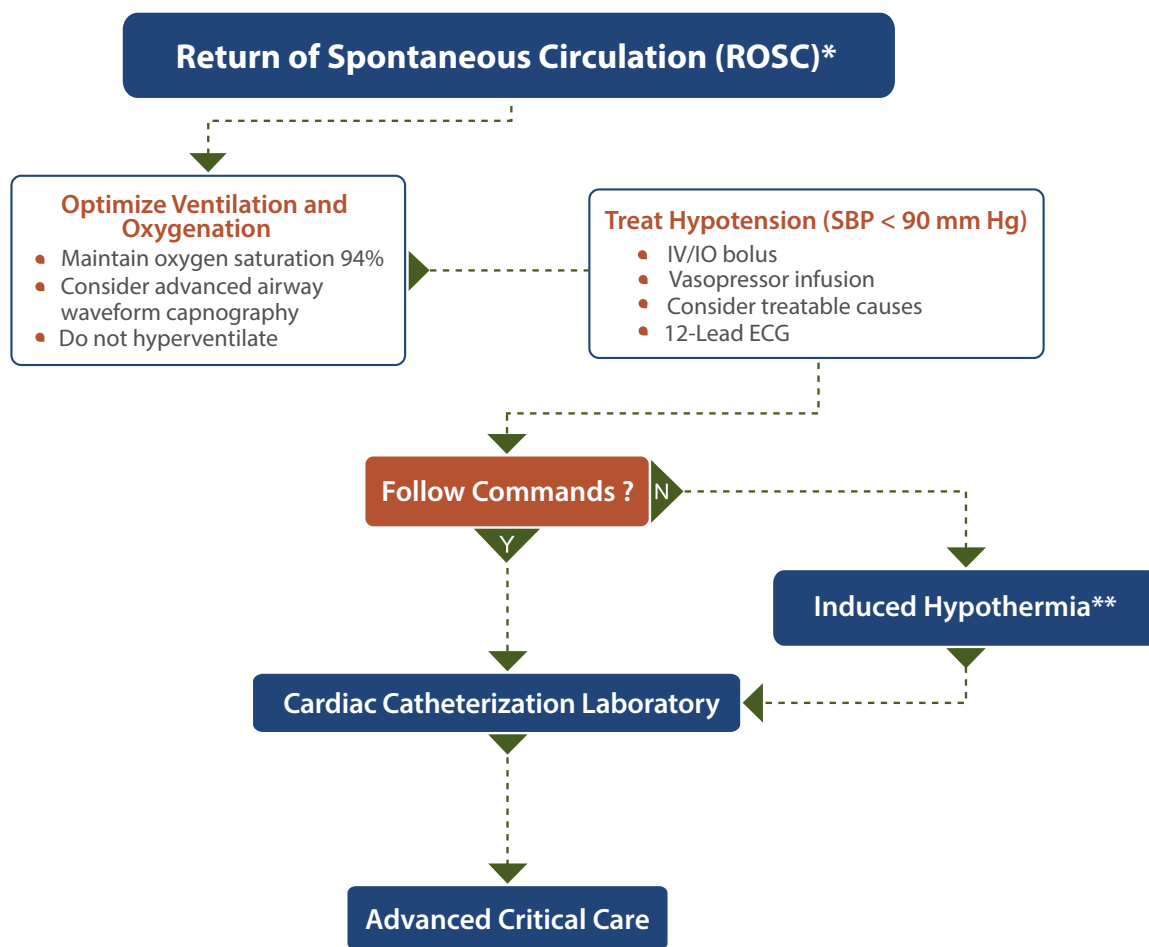


# Immediate Post-Cardiac Arrest Care Algorithm



## Doses/Details

### Ventilation/Oxygenation

- Avoid excessive ventilation
- Start at 10 94% breaths/min and titrate to target PETCO<sub>2</sub> of 35–40 mm Hg.
- When feasible, titrate FIO<sub>2</sub> to minimum necessary to achieve SpO<sub>2</sub> ≥ 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

2–10 mcg/kg per minute

### Norepinephrine IV Infusion

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

\* Sasson C, Rogers MA, Dahl J, Kellermann AL. Predictors of survival from out of hospital cardiac arrest: a systematic review and meta-analysis *Circ Cardiovasc Qual Outcomes*. 2010;3:63-81.

\*\* 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