

Post Cardiac Arrest Care Guideline



Inclusion Criteria: Cardiac Arrest with ROSC, CPR \geq 1 minute

Exclusion Criteria: CPR <1 minute, NICU patients

Initial Lab Order Recommendations

- CMP, Mg, Phos
- iCA
- CBC
- Coags
- Lipase
- Troponin
- Lactate
- Blood Gas

Assessment Initial Neuro Exam

Follows commands or returned to baseline neuro function, GCS \geq 8

GCS < 8 or motor component of GCS < 5

Interventions

- Routine ICU monitoring
- Fever avoidance for 48 hours
- Target normal vitals for age
- Neuro check Q2 for first 12 hours
- Consider Neuro and cardiology consult

Interventions

- Oxygenation and ventilation:
- SpO2 goal 90-97%*^D
 - PaCO2 35-45 mmHg
 - PaO2 60-150*^D
- Hemodynamic Monitoring
- Normotension >5th percentile for age
 - Arterial BP
 - Monitor serum lactate, urine output, and central venous oxygen saturation
 - Fluids with or without inotropes or vasopressors for BP goals
- Targeted temperature management
- Normothermia (keep temp 36-37.5 C), consider temp management device
 - Prevent shivering
 - Treat fever promptly
- Glucose Control
- Avoid hypoglycemia (keep glucose 80-200)*^D
 - Start enteral nutrition in 24 hours
- Neuromonitoring
- VTM EEG for 24 hours minimum within 6 hours of arrival
 - Aggressively treat seizures detected via EEG
 - Serum Na 135-145
- Sedation
- Sedation and anxiolytics
- Prognosis
- Consider early brain imaging to diagnose treatable causes of cardiac arrest
 - Neuroimaging as indicated (CT/MRI)
 - Avoid prognostication for at least 72 hours post ROSC; does not apply for Death by Neurological Criteria- *Refer to policy*
- Consults
- Cardiology consult
 - Neuro consult
 - Palliative Care Consult
 - Spiritual Care Consult
 - Social Services Consult
- Care Routines:
- VTE prophylaxis
 - Notify One Legacy if clinical triggers met
- *Interventions are Grade B unless otherwise indicated

Minimum BP Targets (>5th percentile for age/sex)

Age	MAP	SBP
0-6 mos	> 45	> 70
6 mos – 2 yrs	> 55	> 80
2 yrs – 10 yrs	> 65	> 90
>10 yrs	> 75	> 100

Patient Education

- Cardiac Arrest Survivorship Folder

Discharge Planning: Post Cardiac Arrest Survivorship

- Discharge teaching
- Outpatient Referrals
 - Cardiac Neurodevelopment Clinic for CHD Patients
 - Neuropsychology
 - Cardiology
 - PT, OT

Considerations after Extubation

- *does not apply to compassionate extubation*
- Psychology Consult
 - Rehab services- PT/OT/ST
 - Feeding/Swallowing Team Evaluation

References

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(Level VI, Grade B- Moderate)

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