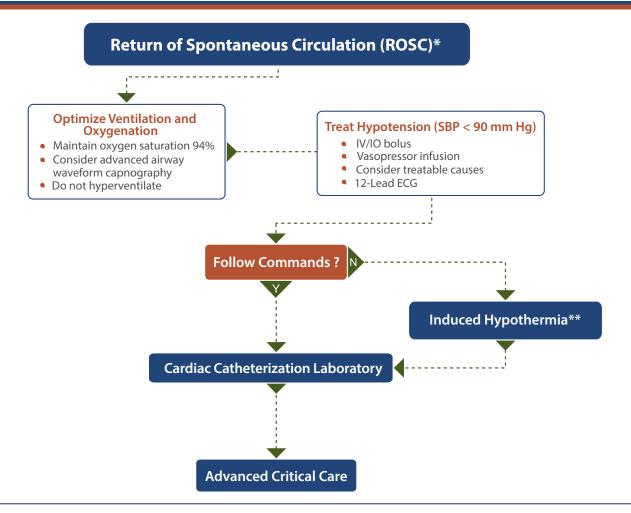
Immediate Post-Cardiac Arrest Care Algorithm





Doses/Details

Ventilation/Oxygenation

- Avoid excessive ventilation
- Start at 10 94% breaths/min and titrate to target PETCO₂ of 35-40 mm Hg.
- When feasible, titrate FłO₂ to minimum necessary to achieve SpO₂ \geq 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)

Version control: This document is current with respect to 2015 American Heart Association Guidelines for CPR and ECC. These guidelines are current until they are replaced on October 2020. If you are reading this page after October 2020, please contact ACLS Training Center at support@acls.net for an updated document. Version 2016.02.a

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

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*** 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):5465-5482