POST-CARDIAC ARREST

BASIC EMT

1. Ventilation: Tidal volume 5 – 8 ml/kg of ideal body weight and rate 8 – 12 breaths/ minute with spontaneous circulation. Titrate to keep end tidal CO_2 35 – 45.
2. Oxygen if oxygen saturation <= 93 or evidence of respiratory distress
3. Obtain 12 lead EKG (if available) and transmit.

ADVANCED EMT

4. Maintain SBP greater than 90.
5. Consider treatment for post-cardiac arrest non-traumatic shock:
   - ➢ Fluid bolus 250 ml IV / IO
   - ➢ Repeat fluid boluses as indicated if:
   - No evidence of pulmonary edema.

Contact Medical Control to give more than 2000 ml.

PARAMEDIC

6. If persistent hypotension, despite fluid boluses, consider administration of an Epinephrine drip:

➢ Mix **Epinephrine**: 1.0 mg in NS 1000 ml

➢ Piggyback into wide open IV / IO

1. Start at 1 ml/min and titrate by 1.0 mcg/min every 1 minute
2. Titrate to maintain SBP 90 – 100 mm/HG.

7. Suppress any patient movement (shivering, seizure activity or gasping) by considering sedation:

Sedation:

➢ **Midazolam (Versed)** Up to 5 mg IV, IO, IN, or IM may repeat to a total dose of 10 mg.

OR

➢ **Ketamine (Ketalar)** 300 mg IM, or if IV established, 1 mg/kg IV / IO may repeat once (call medical control for further orders)

CONTACT MEDICAL CONTROL. Patients with return of spontaneous circulation should be transported to the closest hospital capable of therapeutic hypothermia and emergent percutaneous coronary intervention.