

2F POST-RESUSCITATION CARE

PATIENT CARE GOALS

- Stabilize the patient's vital signs and prevent recurrence of dysrhythmias and arrest, while maintaining adequate oxygenation, ventilation, and perfusion.¹
- Search for and treat (if able) the underlying cause of the arrest.²

PARAMEDIC

1. Airway

- Ensure ITD is removed, non-visualized airway/ET is properly secured and patient is easy to ventilate³.
- Assess pulse oximetry and end-tidal capnography continuously.
- Maintain end-tidal CO₂ between 35-45 mmHg. If less than 35 slow ventilation rate. If greater than 45 increase ventilation rate.

2. Circulation

- Continuous visualization of the cardiac monitor rhythm.
- Continuous assessment of pulse quality and obtain frequent blood pressures (q. 2-3 minutes) If arrest recurs, follow the appropriate cardiac arrest guideline (**2B Cardiac Arrest Management, 2C VF/Pulseless VT, or 2D PEA/Asystole**).
- For ROSC following VF or VT arrest administer **dopamine** infusion starting at **5 mcg/kg/min**. Titrate up to 20 mcg/kg/min to maintain MAP of at least 65 mmHg.
- For ROSC following PEA/Asystolic arrest
 - administer **epinephrine (Adrenalin)**⁴ infusion starting at **0.1 mcg/kg/min**. Titrate up to 0.5 mcg/kg/min to achieve MAP of 65 mmHg
 - OR**
 - administer **norepinephrine (Levophed)**⁵ infusion starting at **0.1 mcg/kg/min**. Titrate up to 0.5 mcg/kg/min to achieve MAP of 65 mmHg.
- Obtain 12-Lead EKG. If STEMI activate cath lab per **7H 12-Lead ECG and Cath Lab Activation**.
- If not already applied, place and secure the LUCAS to the patient/stretchers until completion of transport.

3. Neurologic

- Assess AVPU.
- Sedate per **1D Anxiety and Sedation Management** if the patient has an advanced airway in place and/or is actively moving or combative such that stabilization is at risk.

4. Metabolic

- Obtain blood glucose and treat hypoglycemia per **3G Hypoglycemia** if glucose is less than 60 mg/dL⁶

5. Temperature Control⁷

HEALTHEAST MEDICAL TRANSPORTATION

MEDICAL OPERATIONS MANUAL

- Initiate cooling by applying ice packs to the patient's axilla, groin and neck unless patient is following verbal commands.
- Do not attempt to warm patient unless hypothermia is the suspected cause of the arrest.

DOCUMENTATION KEY POINTS

- At ROSC record the time, presence of pulse, ECG rhythm, and neurological status.
- 12-lead ECG interpretation.
- Interventions taken to maximize stability prior to transport.
- Continuous monitoring of vital signs and neurological status throughout transport.
- Initial and ongoing assessments, monitoring, interventions, patient response, and complications (if any) encountered.

NOTES

¹ Once return of spontaneous circulation (ROSC) has been achieved all reasonable efforts should be taken to assure that the patient is stable enough for transport. It is reasonable to take a reasonable amount of time necessary to treat the reversible factors ² prior to moving the patient to the ambulance or beginning transport.

² Causes and contributing factors cardiac arrest include:

- Hypovolemia
- Hypoxia
- Hydrogen ion excess (acidosis)
- Hypokalemia or hyperkalemia
- Hypoglycemia
- Hypothermia
- Toxins, drug overdose
- Tamponade (cardiac)
- Tension pneumothorax
- Thrombosis (coronary or pulmonary)
- Trauma (shock, increased ICP)

³ If advanced airway has not already been placed consider performing according to **7F Advanced Airway Management**.

⁴ **Epinephrine (Adrenalin) infusion:** Use either the infusion mixed during resuscitation or prepare a smaller infusion by mixing 7.5 ml of 1:1,000 epinephrine (from multi-dose vial) in 250 ml NS. Attach to 60 gtt tubing. Monitor carefully for infiltration at the IV/IO site. Continuous cardiac monitoring is required.

⁵ **Norepinephrine (Levophed) infusion:** Mix 8 mg of **norepinephrine (Levophed)** in a 250 ml bag of normal saline (concentration of 32 mcg/ml). Administer using 60gtt/ml tubing. Monitor carefully for infiltration at the IV/IO site. Continuous cardiac monitoring is required.

⁶ Avoid hyperglycemia (> 160) by titrating D₁₀ administration.

⁷ If shivering occurs and patient has an advanced airway in place, administer **midazolam (Versed)** per **1D Anxiety and Sedation Management**.