**Post-resuscitation Care** (ROSC and comatose)

### Immediate treatment

**Airway and Breathing**
- Maintain SpO₂ 94 – 98%
- Advanced airway
- Waveform capnography
- Ventilate lungs to normocapnia

**Circulation**
- 12-lead ECG
- Obtain reliable intravenous access
- Aim for SBP > 100 mmHg
- Fluid (crystalloid) – restore normovolaemia
- Intra-arterial blood pressure monitoring
- Consider vasopressor/ inotrope to maintain SBP

**Control temperature**
- Constant temperature 32°C – 36°C
- Sedation; control shivering

### Diagnosis

**Likely cardiac cause?**
- Yes
  - ST elevation on 12 lead ECG?
    - No
      - Consider Coronary angiography ± PCI
    - Yes
      - Coronary angiography ± PCI
  - Yes
    - Corneal reflex absent?
      - Yes
        - Coronary angiography ± PCI
      - No
        - Consider CT brain and/or CTPA

**Consider CT brain and/or CTPA**

**Treat non-cardiac cause of cardiac arrest**

**Cause for cardiac arrest identified?**
- No
  - Admit to Intensive Care Unit
- Yes
  - Coronary angiography ± PCI

### ICU management
- Temperature control: constant temperature 32°C – 36°C for ≥ 24 h; prevent fever for at least 72 h
- Maintain normoxia and normocapnia; protective ventilation
- Optimise haemodynamics (MAP, lactate, ScvO₂, CO/CI, urine output)
- Echocardiography
- Maintain normoglycaemia
- Diagnose/treat seizures (EEG, sedation, anticonvulsants)
- Delay prognostication for at least 72 h

### Secondary prevention
- e.g. ICD, screen for inherited disorders, risk factor management

### Follow-up and rehabilitation