3.5 Post Resuscitative Care Adult & Pediatric

EMT/ADVANCED EMT STANDING ORDERS - ADULT

E/A

- If feasible, acquire and transmit a 12-lead EKG.
- Initial ventilation rate of 10 - 12 BPM, then titrate to quantitative waveform capnography of 35 to 40 mm Hg, if available.
- Maintain oxygen saturation at ≥ 94%.

PARAMEDIC STANDING ORDERS - ADULT

P

- With return of spontaneous circulation after non-traumatic cardiac arrest and patient is obtunded with no purposeful movements to verbal stimuli consider: Induced Therapeutic Hypothermia 3.4.
- Maintain systolic blood pressure of >90 mmHg.

For Post-resuscitation hypotension:

- Administer 0.9% NaCl in 250 – 500ml boluses. Total volume should not exceed 2,000ml.
- Consider: (An infusion pump is required for the use of these pressor agents)
  - Dopamine infusion 5 – 20 microgram/kg/min, **OR**
  - Norepinephrine infusion 1 – 30 microgram/min, **OR**
  - Phenylephrine 100 – 180 microgram loading dose followed by infusion 40 – 60 microgram/min, **OR**
  - Epinephrine infusion 2 – 10 microgram/minute titrated to effect.
- Consider nasogastric or orogastric tube for the intubated patient.

PARAMEDIC STANDING ORDERS - PEDIATRIC

Post-Resuscitative Care

- If the patient is unresponsive, consider transport to a facility capable of inducing therapeutic hypothermia.

For Post-Resuscitation Hypotension:

- IV 0.9% NaCl 20ml/kg (may repeat x1), **AND/OR**
  - Consider: (An infusion pump is required for the use of these vasopressors) Dopamine infusion 5 – 20 micrograms/kg/min, **OR**
  - Norepinephrine infusion 0.1 – 2 micrograms/kg/min titrated to effect, **OR**
  - Epinephrine 0.1 – 1 micrograms/kg/min titrated to effect.

PEARLS:

- Recognition and treatment of a STEMI are critical in the post-cardiac arrest patient. Consider transport patient to the most appropriate facility in accordance with local STEMI guidelines/agreements. Notify receiving facility of a “STEMI Alert”.
- Avoid hyperventilation as it increases intrathoracic pressures, potentially worsening hemodynamic instability.