

Quick Reference Sheet for Guideline on Management of out of hospital cardiac arrest patients following return of spontaneous circulation in A&E.

Name _____ D.O.B: ___/___/_____ Hospital number: _____ Site: _____ Date: ___/___/_____ 	Date and time of cardiac arrest: __:__ __/__/____ Cause of cardiac arrest identified? _____ Estimated time to ROSC _____ <p style="color: red;">Has the patient been discussed with PCI centre?</p>
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Initial neurological examination prior to sedation:
 Pupillary light reflex: Present Absent Corneal reflex: Present Absent
 GCS /15 E /4 M /6 V /5

Immediate management: Call ICU/senior specialist support

A Advanced airway
 B Waveform capnography for ETCO₂=3.5-5.5, SatO₂ >96% optimise pO₂ & pCO₂
 C Arterial-line insertion for IBP, consider central venous access, ECG, UO and electrolyte monitoring
 (avoid unnecessary delays)
 D Basic neurological examination

Definitive management in intensive care

ED checklist for post ROSC neuro & cardioprotective measures to be completed within 1st hour & reassessed
Tick or complete values as appropriate

NB: If evidence of evolving brain oedema give 100mL 5% Hypertonic Saline or 2gr/Kg Mannitol bolus IV STAT (Ideally via central line)

	Achieved Y/N
30-40° head elevation	
Remove or adjust any external compressions to the neck (tube tie, hard collar)	
pO ₂ =9-11kPa or SatO ₂ >94-98%	
pCO ₂ 4.5-5.0 kPa* or ETCO ₂ 3.5-5.0 Kpa	
MAP 65-90mmHg <i>Noradrenaline/Metaraminol/Inotropes</i>	
Na ⁺ 135-150mmol/L <i>Give 0.9% sodium chloride</i>	
Glucose <10mmol/L <i>Sliding scale/VRII and 20% glucose if BM<3.5mmol/L</i>	
Deep sedation – no response to verbal or physical stimulation <i>Give sedatives/analgesia</i>	
Temperature 34.0°C – 36.0°C <i>Give paracetamol, cooled fluids</i>	
Evidence of euvolaemia <i>Aggressive Fluid Resus 1 Lt hour</i>	

Consider investigations/management 4H & 4T
 CT Head
 CT-PA
 Likely cardiac cause: (STEMI or NSTEMI evidence-Anatomical abnormalities)

- Consider coronary angiography ± PCI
- ACS treatment
- Echocardiography

**If Patient for Transfer DO NOT follow this protocol but initiate the SAFE TRANSFER PROTOCOL
 AVOID ANY DELAYS**