

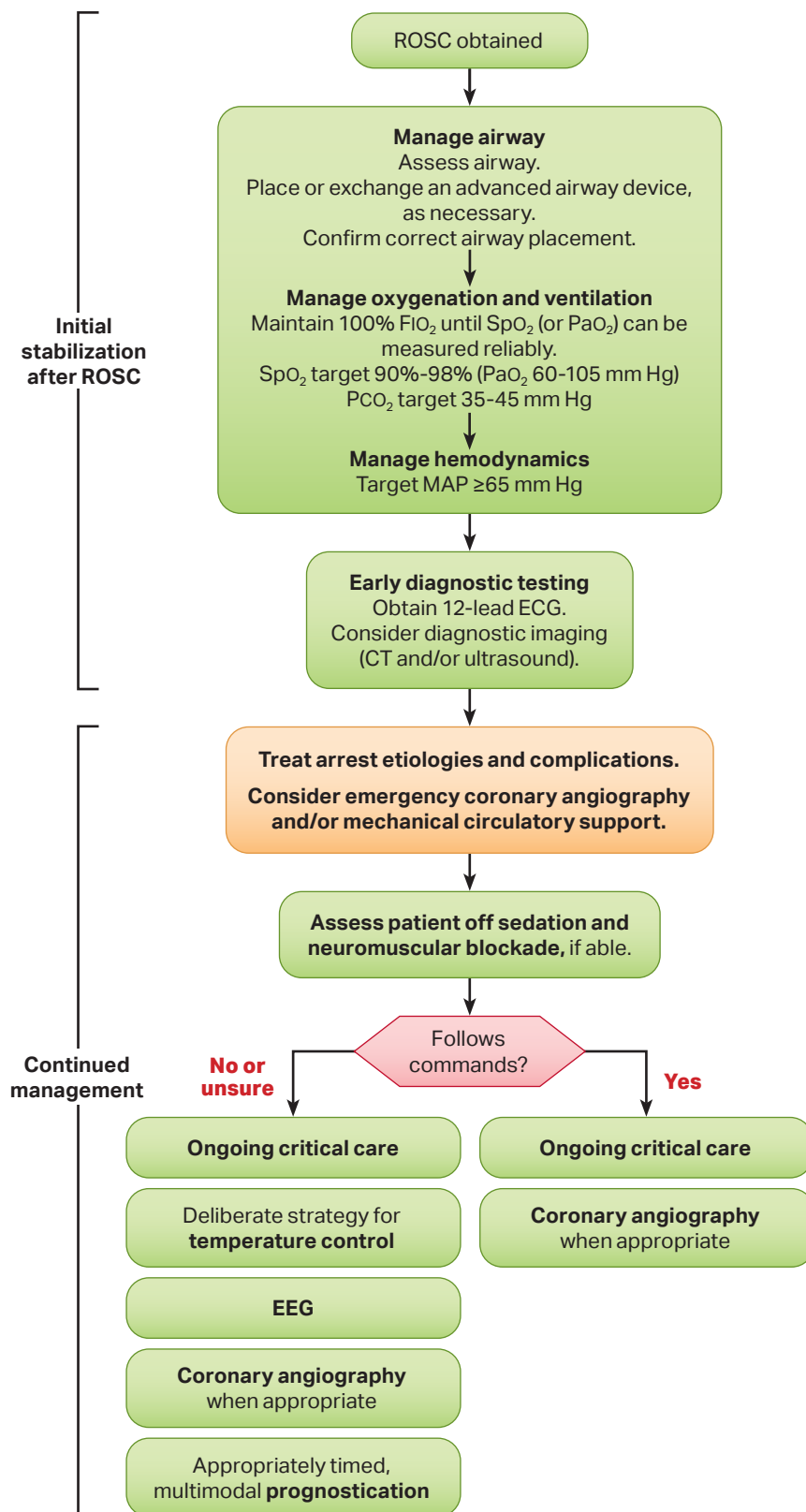
2025 AHA Post-Cardiac Arrest Care

Adult Post-Cardiac Arrest Care Algorithm

Contents

Figure 1 Adult Post-Cardiac Arrest Care Algorithm

Adult Post–Cardiac Arrest Care Algorithm



Initial Stabilization After ROSC

Resuscitation is ongoing during the post-ROSC phase, and many of these activities can occur concurrently.

Manage airway: Assess and consider placement or exchange of an advanced airway device (usually endotracheal tube or supraglottic device). Confirm correct placement of an advanced airway. This generally includes the use of waveform capnography or capnometry.

Manage oxygenation and ventilation: Titrate FIO₂ for SpO₂ 90%-98% (or PaO₂ 60-105 mm Hg). Adjust minute ventilation to target PCO₂ 35-45 mm Hg in the absence of severe acidemia.

Manage hemodynamics: Initiate or adjust vasopressors and/or fluid resuscitation as necessary for goal MAP ≥65 mm Hg.

Early diagnostic testing: Obtain 12-lead ECG to assess for ischemia or arrhythmia. Consider CT head, chest, abdomen, and/or pelvis to determine cause of arrest or assess for injuries sustained during resuscitation. Point-of-care ultrasound or echocardiography may be reasonable to identify clinically significant diagnoses requiring intervention.

Continued Management

Treat arrest etiologies and complications.

Consider emergency cardiac intervention:

- Persistent ST-segment elevation present
- Cardiogenic shock
- Recurrent or refractory ventricular arrhythmias
- Severe myocardial ischemia

Temperature control: If patient is not following commands off sedation and neuromuscular blockade or is unable to assess, initiate a deliberate strategy of temperature control with goal 32 °C-37.5 °C as soon as possible.

Evaluate for seizure: Evaluate for clinical seizure and obtain EEG to evaluate for seizure in patients not following commands.

Prognostication: Multimodal approach with delayed impressions (≥72 hours from ROSC or achieving normothermia).

Ongoing critical care includes the following:

- Target PaO₂ 60-105 mm Hg, PCO₂ 35-45 mm Hg (unless severe acidemia); avoid hypoglycemia (glucose <70 mg/dL) and hyperglycemia (glucose >180 mg/dL); target MAP ≥65 mm Hg.
- Consider antibiotics.