

**SECTION: C-09**

**TITLE: POST-ARREST/TTM**

**REVISED: November 1, 2017**

**GENERAL COMMENTS:**

**BLS SPECIFIC CARE: See Adult General Cardiac Care/ACS Protocol C-3**

- Titrate oxygenation and ventilation to 94-98% SPO2
- Follow up vitals every 5 minutes or sooner.
- Obtain post-ROSC 12 lead. STEMI patients should be transported to appropriate PCI capable facilities.
- Leave LUCAS in place on standby

**AEMT/O.M. SPECIFIC CARE: See Adult General Cardiac Care/ACS Protocol C-3**

**ALS SPECIFIC CARE: See Adult General Cardiac Care/ACS Protocol C-3**

**General Care**

**General sedation and Airway Management:** Secure the airway using means best determined by good clinical decision making.

- See "Appendix 6: Medication Assisted Intubation" as appropriate.

**Hypotension:** See Adult Hypotension and Shock Protocol M-03

**Screen for STEMI:**

- Acquire 12 lead. (The acquisition of a 12-lead EKG should not significantly delay treatment or transport)
- If STEMI suspected, consider transport to facility with "24-hour cardiac cath lab capabilities". (See Hospital Destination protocol G-3)

**Targeted Temperature Management:**

**INCLUSION CRITERIA:**

ROSC	Neuro exam <b>5 minutes after ROSC</b>
Age >16 (Adult)	shows NO purposeful pain response
Temp > 34 C/ 93.2 F	Intubated (Intubate if indicated)
SBP > 90mmHg	

**EXCLUSION CRITERIA:**

DNR/POST, or other Advanced Directive	Obvious Pregnancy
Obvious Terminal Illness	Obvious Traumatic Arrest

**PROCEDURE:**

<u>Assess and Documents:</u>	<u>Airway Control:</u>
Pupil Response	Intubate as indicated
Neuro assessment	Ventilate to a ETCO2 of 35. Do not hyperventilate

# Protocol C-09

## POST-ARREST/TTM

### Sedation and Paralytics:

- Midazolam (Versed) – may be used to prevent shivering
  - IV/IO/IM: 0.5-2.5 mg slow IV push every 5-10 minutes (max dose 5 mg)
  - IN: 2.5 mg every 10 minutes (max dose of 5 mg)
- Vecuronium (Norcuron): Use only when patient shivering is witnessed (to prevent heat production)
  - **ADMINISTER ONLY AFTER ENDOTRACHEAL TUBE** type airway is **SECURED** and placement confirmed with **SPO<sub>2</sub>** and **CONTINUOUS ETCO<sub>2</sub>**
  - IV/IO: 0.1mg/kg, repeated PRN
- Rocuronium Bromide (Zemuron): Paralytic agent used *alternatively* to Vecuronium. Use only when patient shivering is witnessed (to prevent heat production)
  - **ADMINISTER ONLY AFTER ENDOTRACHEAL TUBE** type airway is **SECURED** and placement confirmed with **SPO<sub>2</sub>** and **CONTINUOUS ETCO<sub>2</sub>**
  - IV/IO 1mg/kg repeated PRN

### Targeted Temperature Management and cooling

- Establish a second IV if possible
- Expose the patient while protecting modesty
- Cold Packs to Groin, Axilla, and Neck (if accessible)
- Saline/Water soaked Sheet applied to trunk

### Target Systolic Blood Pressure : $\geq 90$ mm/Hg

Vasopressors: titrate to a blood pressure of 90mm/Hg systolic.

Watch blood pressures closely!

- Dopamine infusion
  - IV: 5-20 mcg/kg/min
- Epinephrine infusion
  - IV: 2-10 mcg/min

**Ensure early notification to receiving facility for expeditious coordination of care.**

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**PHYSICIAN PEARLS:**

If Vecuronium/Rocuronium is administered, ensure versed is provided for patient sedation.

To clarify: SBP >90 needed before initiation of cooling. Patients may require vasopressors to meet this inclusion criteria. See Adult Hypotension and Shock Protocol M-03

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