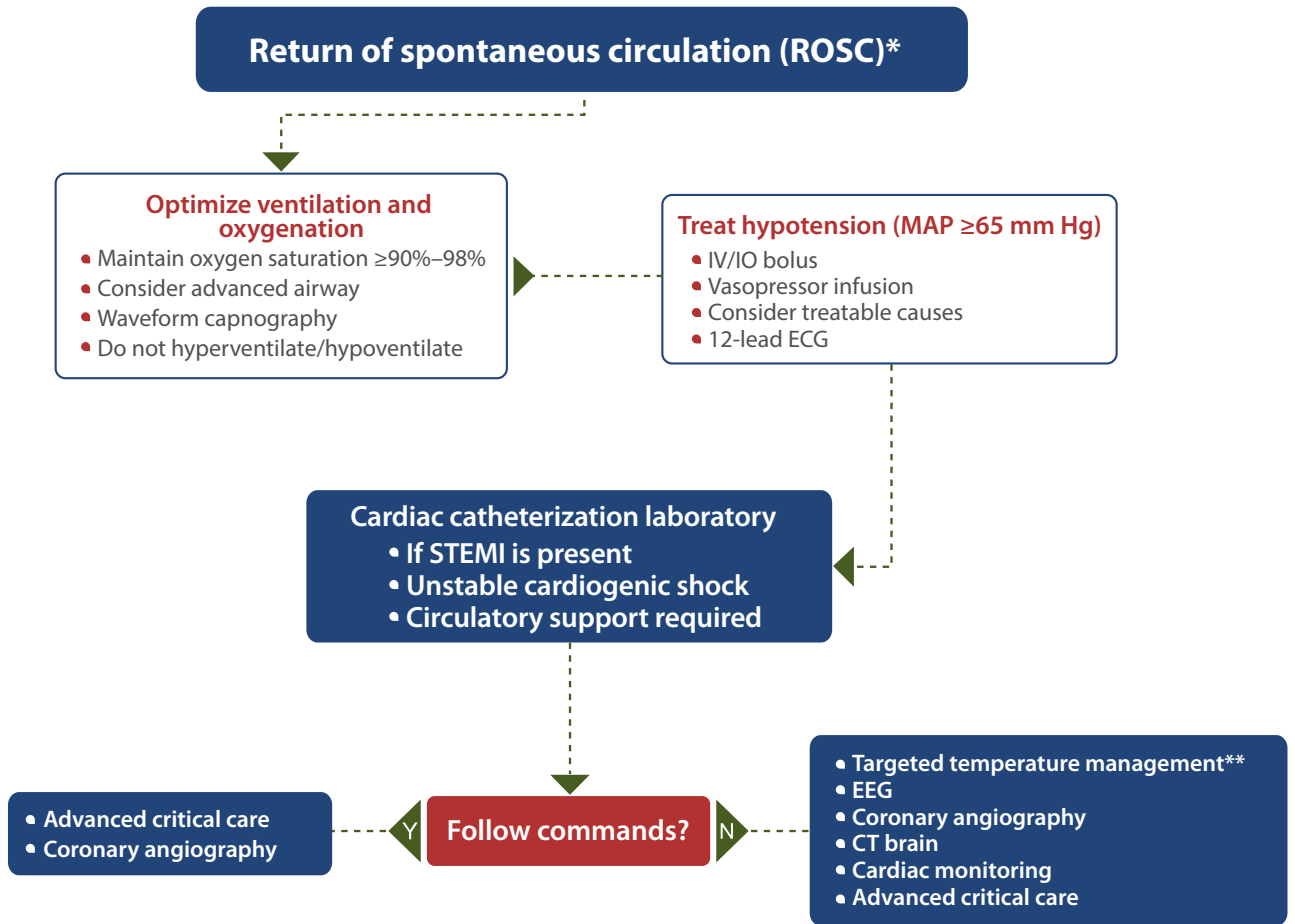


Immediate post-cardiac arrest care algorithm



Doses/details

Ventilation/oxygenation

- Avoid excessive ventilation
- Start at 10 breaths/min and titrate to target PCO₂ of 35–40 mm Hg
- When feasible, titrate FIO₂ to minimum necessary to achieve SpO₂ ≥ 90%–98%

IV bolus

- 1–2 L normal saline or lactated Ringer's

Epinephrine IV infusion

2–10 mcg per minute

Reversible causes

- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypo-/Hyperkalemia
- Hypothermia
- Tension pneumothorax
- Tamponade, cardiac
- Toxins
- Thrombosis, pulmonary
- Thrombosis, coronary

Dopamine IV infusion

5–20 mcg/kg per minute

Norepinephrine IV infusion

0.1–0.5 mcg/kg per minute (in 70-kg adult: 7–35 mcg per minute)

Targeted temperature management

- Goal 32–37.5 °C
- At least 36 hours of temp control
- If inducing hypothermia, may use 4 °C fluid

* Sasson C, Rogers MA, Dahl J, Kellermann AL. Predictors of survival from out of hospital cardiac arrest: a systematic review and meta-analysis. *Circ Cardiovasc Qual Outcomes*. 2010;3:63-81. ** Bruel C, Parienti JJ, Marie W, Arrot X, Mild hypothermia during advanced life support, a preliminary study in out of hospital cardiac arrest. *Crit Care*. 2008;12: R31 *** Callaway CW, Donnino MW, Fink EL, Geocadin RG, Golan E, Kern KB, Leary M, Meurer WJ, Peberdy MA, Thompson TM, Zimmerman JL. Part 8: post-cardiac arrest care: 2015 American Heart Association Guidelines Update for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. *Circulation* 2015;132(suppl2):S465-S482. AHA (2025) BLS Provider Manual; BLS Blended Learning Student Workbook.

