

Postresuscitation Care

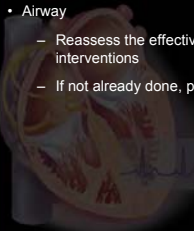


Postresuscitation Care

- Postresuscitation period
 - Interval between restoration of spontaneous circulation and transfer to the intensive care unit
- Immediate goals of postresuscitation care
 - Provide cardiorespiratory support to optimize tissue perfusion
 - Transport to emergency department and then appropriately equipped critical care unit
 - Attempt to identify the precipitating cause of the arrest and institute specific treatment if necessary

Immediate Postresuscitation Care

- Reassess ABCDs
- Airway
 - Reassess the effectiveness of initial airway maneuvers and interventions
 - If not already done, perform endotracheal intubation if needed

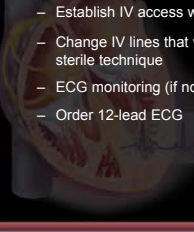


Immediate Postresuscitation Care

- Breathing
 - Assess the adequacy ventilations
 - Confirm ETT placement using primary and secondary confirmation methods
 - Provide positive-pressure ventilation with 100% oxygen
 - Assess effectiveness of ventilations
 - Apply pulse oximeter and assess O2 sat
 - Order ABG unless patient is a candidate for fibrinolytic therapy
 - Rule out potential breathing complications from resuscitation
 - Mechanical ventilation may be necessary due to absent or inadequate spontaneous respirations

Immediate Postresuscitation Care

- Circulation
 - Reassess vital signs, skin color, mental status
 - Establish IV access with NS or LR solution if not already done
 - Change IV lines that were placed without proper sterile technique
 - ECG monitoring (if not already done)
 - Order 12-lead ECG



Immediate Postresuscitation Care

- Circulation
 - If arrest rhythm was VF or VT and no antiarrhythmic was given:
 - Administer a lidocaine bolus
 - Follow with a continuous infusion
 - CONTRAINDICATED in patients with ventricular escape rhythms
 - If an antiarrhythmic was used successfully during the resuscitation effort, continue a maintenance infusion of that medication



← MENU →

Immediate Postresuscitation Care

- Differential diagnosis - consider possible causes of arrest
 - MI
 - Consider fibrinolytic therapy for patients surviving resuscitations of short duration with:
 - ST-segment elevation on postresuscitation 12-lead ECG and
 - No contraindications to fibrinolytic therapy
 - If contraindications to fibrinolytic therapy exist, consider urgent coronary angiography
 - Primary dysrhythmias
 - Electrolyte disturbances
 - Aortic aneurysm



← MENU →

Immediate Postresuscitation Care

- Assess for complications that may have occurred during resuscitation
 - Rib fracture
 - Hemopneumothorax
 - Pericardial tamponade
 - Intra-abdominal trauma
 - Misplaced ETT
- Order serum cardiac markers, serum electrolytes (including magnesium and calcium), complete blood count, renal profile, portable chest x-ray



← MENU →

Immediate Postresuscitation Care

- Insert a nasogastric tube, Foley catheter
 - Monitor intake and output
- Evaluate IV infusions used during the resuscitation effort
 - Are the infusions currently running?
 - Are they still needed?



← MENU →

Immediate Postresuscitation Care

- Arrange patient transfer to special care unit
 - Transfer with oxygen, ECG monitoring, resuscitation equipment
 - Trained personnel to accompany patient
- Ensure family has been updated regarding events
- Finish documentation as needed
- Acknowledge efforts of resuscitation team
- Post-resuscitation critique

