# Post-Resuscitation Care

St John

- Primary Care
- Intermediate Care
- Advanced Care
- Critical Care

**ROSC ESTABLISHED**

Unless there are compelling reasons to move immediately
**DO NOT RUSH**
Take the time to allow for reperfusion and stabilisation

**PRIMARY SURVEY**

**Manage oxygenation and ventilation AS NECESSARY**

- **Provide supportive ventilation at age-appropriate rate**
- **Titrate oxygenation to 94 – 98%**
- **Do NOT:**
  Try to correct etCO2 prematurely
  Hyperventilate or hyperinflate

**Re-check all vital signs**

- **Maintain cardiac monitoring**
  - **Consider CSPSOC for advice**
- **Ensure IV access established**
- **Manage hypotension**
  - **IV Saline** as indicated
  - **Post-ROSC adrenaline** as indicated
- **Run 12-lead ECG**
  Follow STEMI pathway if indicated
- **Manage hypoglycaemia**
  (confirm reading accuracy first)
- **Consider naloxone** if suspected of opioid toxicity

**Anticipate re-arrest and plan accordingly.**

Re-evaluate consistently

- **Re-run serial 12-lead ECG's**
  Follow STEMI pathway if indicated

**Monitor closely. Record observations at least every 5 minutes**

Post-ROSC patients are always considered to at risk of re-arrest;
**Transport Priority 1**
Consider tertiary facility if available