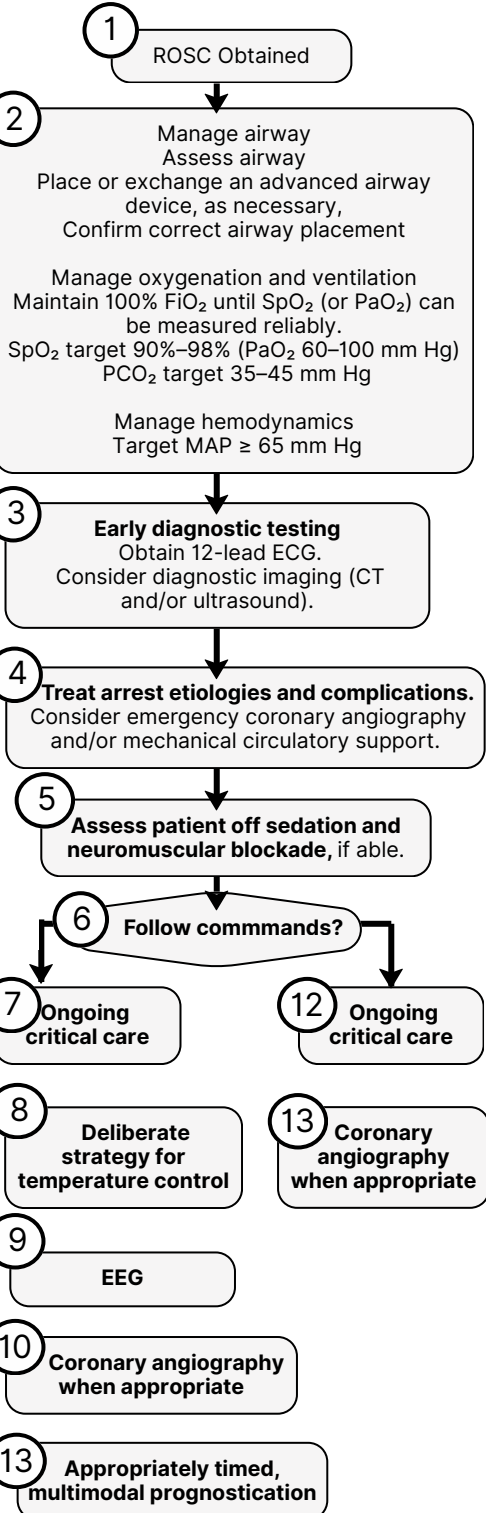


Adult Post-Cardia Arrest Care Learning Station Checklist
Adult Post-Cardia Arrest Care Algorithm



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.

Based on
AHA ECC
2025
Guidelines

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Adult Tachycardia With a Pulse Learning Station Checklist
Adult Tachycardia With a Pulse Algorithm

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graph TD
    1[1 Assess appropriateness of heart rate for clinical condition. Heart rate typically ≥ 150/min if tachyarrhythmia] --> 2[2 Initial Assessment & Support  
• Maintain patent airway; assist breathing as necessary  
• Oxygen (if hypoxemic)  
• Continue cardiac monitoring to identify rhythm; monitor blood pressure and oximetry  
• IV access  
• 12-lead ECG, if available]
    2 --> 3{3 Persistent tachyarrhythmia causing  
• Hypotension?  
• Acutely altered mental status?  
• Signs of shock?  
• Ischemic chest discomfort?  
• Acute heart failure?}
    3 -- Yes --> 4[4 Synchronized cardioversion  
• Sedate whenever feasible  
• If regular narrow-complex, consider adenosine]
    3 -- No --> 6{6 WIDE QRS? ≥ 0.12 sec}
    6 -- Yes --> 7[7 Consider  
• Adenosine only if regular and monomorphic  
• Antiarrhythmic infusion  
• Expert consultation]
    6 -- No --> 8[8 Vagal maneuvers (if regular)  
• Adenosine (if regular)  
• β-blocker or calcium channel blocker  
• Consider expert consultation]
    4 --> 5[5 If refractory, consider  
• Underlying cause  
• Need to increase energy level for next cardioversion  
• Add an antiarrhythmic drug  
• Expert consultation]
    7 --> 5
```

Doses/Details

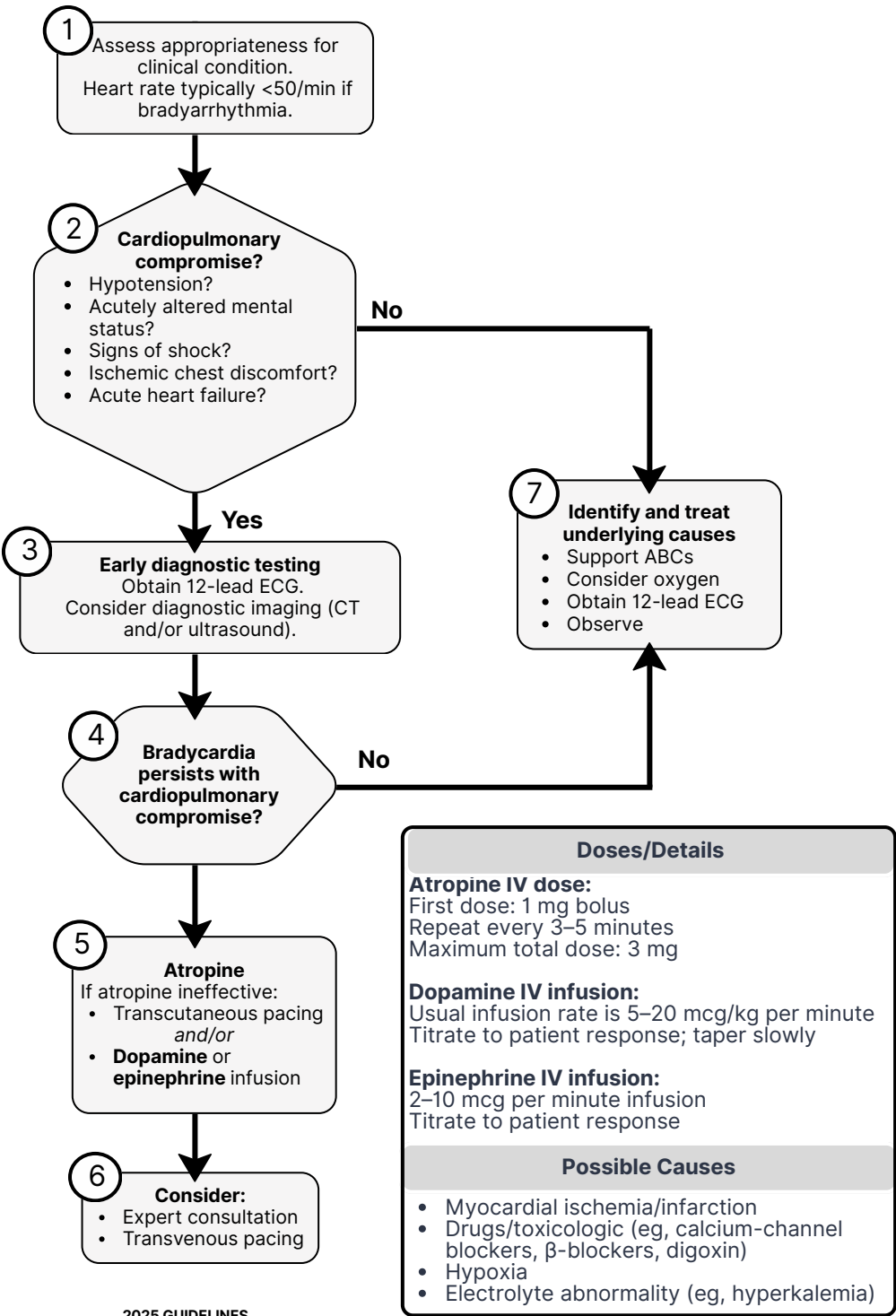
Synchronised Cardioversion: Refer to your specific device's recommended energy level or to relevant 2025 Guidelines section to maximize first shock success. If known, use the maximum energy setting. Adenosine IV dose:

Antiarrhythmic Infusion for Stable Wide-QRS Tachycardia Procainamide IV dose: 20-50mg/min until arrhythmia suppressed, hypotension ensues, QRD duration increase >50%, or maximum dose 17mg/kg given. Maintenance Infusion: 1-4mg/min. Avoid if prolonged QT or CHF

Amiodarone IV dose: First dose: 150mg over 10minutes. Repeat as needed if VT recurs. Follow by maintenance infusion of 1mg/min for first 6hours.

Adult Bradycardia Learning Station Checklist

Adult Bradycardia With a Pulse Algorithm



Adult Cardiac Arrest Learning Station Checklist (VF/pVT/Asystole/PEA)

Adult Cardiac Arrest Algorithm (VF/pVT/Asystole/PEA)

