

**Quick Reference Sheet for Guideline on Management of out of hospital cardiac arrest patients following return of spontaneous circulation in A&E.**

Name _____ D.O.B: ___/___/_____ Hospital number: _____ Site: _____ Date: ___/___/_____ 	Date and time of cardiac arrest: __:__ __/___/_____ Cause of cardiac arrest identified? _____ Estimated time to ROSC _____ <p style="color: red; font-weight: bold;"><i>Has the patient been discussed with PCI centre?</i></p>
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**Initial neurological examination prior to sedation:**  
 Pupillary light reflex: Present  Absent                       Corneal reflex: Present  Absent   
 GCS /15 E /4 M /6 V /5

**Immediate management: Call ICU/senior specialist support**

A Advanced airway  
 B Waveform capnography for ETCO<sub>2</sub>=3.5-5.5, SatO<sub>2</sub> >96% optimise pO<sub>2</sub> & pCO<sub>2</sub>  
 C Arterial-line insertion for IBP, consider central venous access, ECG, UO and electrolyte monitoring  
     *(avoid unnecessary delays)*  
 D Basic neurological examination

**Definitive management in intensive care**

**ED checklist for post ROSC neuro & cardioprotective measures to be completed within 1<sup>st</sup> hour & reassessed**

*Tick or complete values as appropriate*

NB: If evidence of evolving brain oedema give 100mL 5% Hypertonic Saline or 2gr/Kg Mannitol bolus IV STAT (Ideally via central line)



	Achieved Y/N
30-40° head elevation	
Remove or adjust any external compressions to the neck (tube tie, hard collar)	
pO <sub>2</sub> =9-11kPa or SatO <sub>2</sub> >94-98%	
pCO <sub>2</sub> 4.5-5.0 kPa* or ETCO <sub>2</sub> 3.5-5.0 Kpa	
MAP 65-90mmHg <i>Noradrenaline/Metaraminol/Inotropes</i>	
Na <sup>+</sup> 135-150mmol/L <i>Give 0.9% sodium chloride</i>	
Glucose <10mmol/L <i>Sliding scale/VRII and 20% glucose if BM&lt;3.5mmol/L</i>	
Deep sedation – no response to verbal or physical stimulation <i>Give sedatives/analgesia</i>	
Temperature 34.0°C – 36.0°C <i>Give paracetamol, cooled fluids</i>	
Evidence of euvolaemia <i>Aggressive Fluid Resus 1 Lt hour</i>	

*\*Normocapnia should be maintained even if ventilator pressures exceed those required for protective lung*

**If Patient for Transfer DO NOT follow this protocol but initiate the SAFE TRANSFER PROTOCOL  
AVOID ANY DELAYS**