

**MEHLVILLE FIRE PROTECTION DISTRICT  
EMERGENCY MEDICAL SERVICES  
GUIDELINES FOR PREHOSPITAL EMERGENCY CARE**

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**SUBJECT: 700.13  
CARDIAC EMERGENCIES:  
POST RESUSCITATION**

**ORIGINAL ISSUE 5/08  
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**Overview:**

Post resuscitation care refers to the immediate period, between restoration of spontaneous circulation and transfer to the Emergency Department. During this period, patients may display a wide variety of responses from awake, alert with spontaneous respirations and stable hemodynamic status to comatose and hemodynamically unstable. Patients must be monitored closely for re-arrest and supported to optimize circulation, especially to the brain. Repeated cardiovascular, respiratory, and neurologic assessments are necessary. Post resuscitation patients should be transported to the closest appropriate facility. Search for possible causes of the cardiac arrest and treat if possible.

**Procedure:**

Assess the airway and treat as necessary.

- Secure airway.
- Verify endotracheal tube placement (i.e.: auscultate breath and epigastric sounds frequently, ETCO<sub>2</sub>).

Assess respiratory status and treat as necessary.

- Administer oxygen as needed to keep oxygen saturation > 94%.
- Supply positive pressure ventilation at appropriate rate and tidal volume
- Verify bilateral chest movement.
- Monitor oxygen saturation per pulse oximeter.
- Observe for potential respiratory complications (i.e.: pneumothorax, rib, or sternal fractures, improper ET tube placement).

Assess circulatory status and treat as necessary.

- Maintain IV of normal Saline.
- Monitor EKG status for changes.
- Assure maintenance drug infusions have been instituted if indicated and monitor drip rate.

Institute therapeutic hypothermia if the patient meets criteria detailed in the therapeutic hypothermia protocol.

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**Consider:**

1. Administration of 500 ml to 1000 ml fluid bolus for hypotension. Monitor the patient closely for signs of fluid overload.

**NOTE:** Do not be over zealous in treating post resuscitation dysrhythmias (i.e.: bradycardia, tachycardia) or hypotension. Often these conditions are transient should be left untreated in the immediate post resuscitation period.

**STANDARD PRECAUTIONS MUST BE OBSERVED.**