**AHA ACLS Post-Cardiac Arrest Care Algorithm**

**Return of Spontaneous Circulation (ROSC)**

**★ Optimize ventilation and oxygenation**
- Maintain saturation ≥ 92-98%
- Advanced airway and waveform capnography
- Avoid hyperventilation

**★ Treat hypotension**
- Maintain SBP > 90 mmHg (MAP > 65 mmHg)
- IV/IO bolus and vasopressors
- Find and treat all reversible causes (H&T’s)

**12-Lead ECG**

Consider emergent cardiac intervention if:
- STEMI Present
- Unstable cardiogenic shock
- Mechanical circulatory support required

**Follows Commands**

**NO**
- **Comatose**
  - TTM
  - Obtain brain CT
  - EEG monitoring
  - Other critical care management.

**YES**
- **Awake**
  - Other critical care management

**Ventilation/Oxygenation:**
- Avoid excessive ventilation
- Start at 10 breaths/min and;
- Titrate to PETCO2 35-45 mmHg
- Maintain Oxygen Sat. ≥ 92-98%

**IV Bolus and IV Meds:**
- NS or LR 1-2 liters (as needed)
- Epinephrine infusion: 2-10 mcg/min
- Dopamine infusion: 5-20 mcg/kg/min
- Norepinephrine infusion: 0.1-0.5 mcg/kg/min

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