Immediate post-cardiac arrest care algorithm

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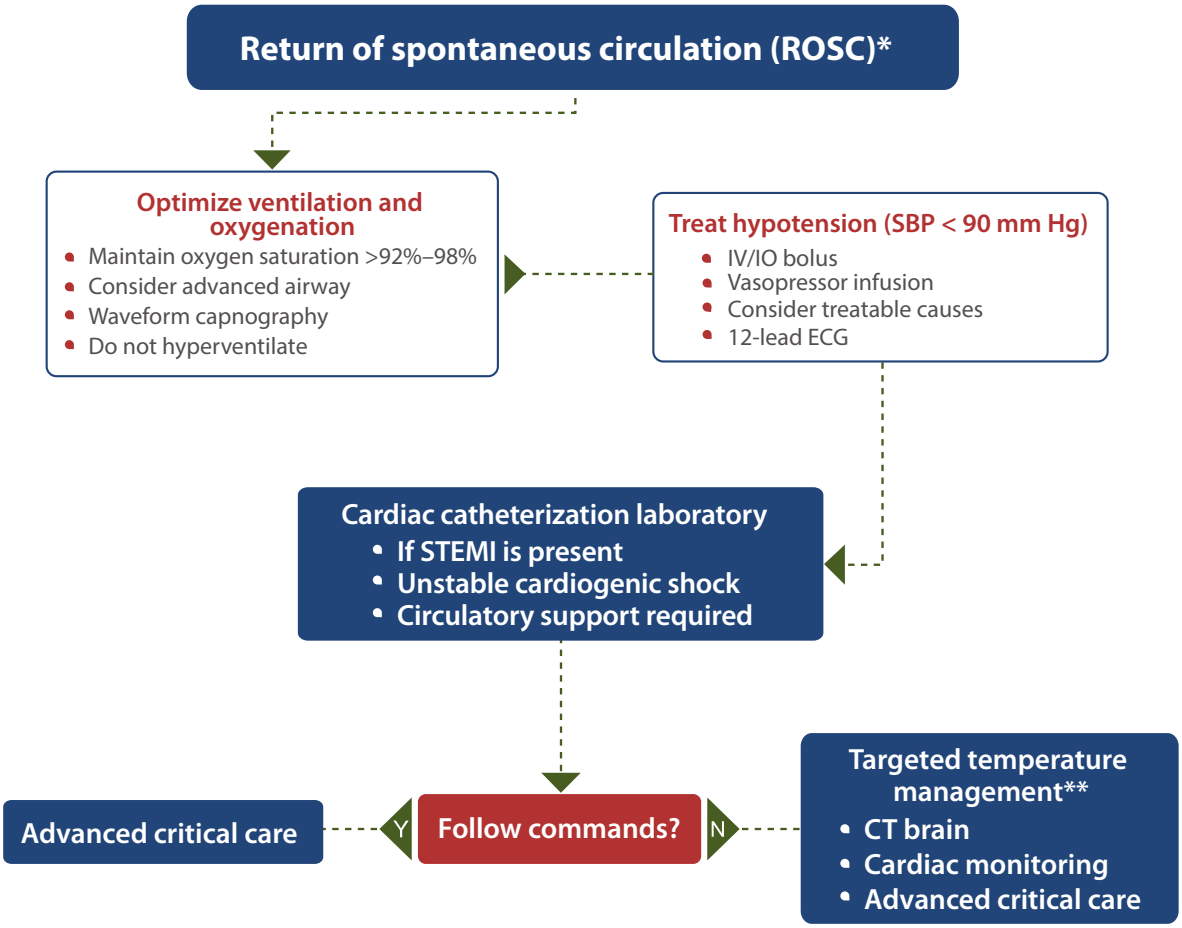

Doses/details

Ventilation/oxygenation

- Avoid excessive ventilation
- Start at 10 breaths/min and titrate to target $PETCO_2$ of 35–40 mm Hg
- When feasible, titrate FIO_2 to minimum necessary to achieve $SpO_2 \geq 92\%–98\%$

IV bolus

- 1–2 L normal saline or lactated Ringer's
- If inducing hypothermia, may use 4°C fluid

Epinephrine IV infusion

2–10 mcg per minute

Reversible causes

- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypo-/Hyperkalemia
- Hypothermia
- Tension pneumothorax
- Tamponade, cardiac
- Toxins
- Thrombosis, pulmonary
- Thrombosis, coronary

Dopamine IV infusion

5–20 mcg/kg per minute

Norepinephrine IV infusion

0.1–0.5 mcg/kg per minute (in 70-kg adult: 7–35 mcg per minute)

** Sasson C, Rogers MA, Dahl J, Kellermann AL. Predictors of survival from out of hospital cardiac arrest: a systematic review and metanalysis Circ Cardiovasc Qual Outcomes. 2010;3:63-81. ** Bruel C, Parienti JJ, Marie W, Arrot X, Mild hypothermia during advanced life support, a preliminary study in out of hospital cardiac arrest. Crit Care. 2008;12: R31 *** Callaway CW, Donnino MW, Fink EL, Geocadin RG, Golan E, Kern KB, Leary M, Meurer WJ, Peberdy MA, Thompson TM, Zimmerman JL. Part 8: post-cardiac arrest care: 2015 American Heart Association Guidelines Update for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. Circulation 2015;132(suppl2):S465-S482*

Version control: This document follows 2020 American Heart Association® guidelines for CPR and ECC. American Heart Association® guidelines are updated every five years. If you are reading this page after December 2025, please contact support@acls.net for an update. Version 2023.07.a

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