

Components of Post-Cardiac Arrest Care		Check
Ensure normoxia and normocapnia		
Monitor SpO ₂ and target 94-98% (or child's normal/appropriate oxygen saturation).		☐
Measure and target Paco ₂ appropriate to the patient's underlying condition and limit exposure to severe hypercapnia or hypocapnia.		☐
Optimize cardiac function and end organ perfusion		
Monitor with cardiac telemetry.		☐
Monitor arterial blood pressure.		☐
Review hemodynamic goals daily.		☐
Monitor serum lactate and urine output to help guide therapies.		☐
Use parenteral fluid bolus with or without inotropes or vasopressors to maintain a systolic blood pressure and mean arterial blood pressure greater than the tenth percentile for age and sex.		☐
Consider echocardiography to assess for myocardial dysfunction.		☐
Maintain electrolytes within normal ranges to avoid possible life-threatening arrhythmias.		☐
Targeted temperature management (TTM)		
Continuously monitor core temperature.		☐
Prevent and treat fever immediately after cardiac arrest and after rewarming.		☐
If patient is comatose, apply TTM (32°C-34°C) followed by (36°C-37.5°C) or only TTM (36°C-37.5°C) for up to 5 days.		☐
Prevent shivering.		☐
Remember rewarming is a high risk time for hypotension, electrolytes abnormalities, hypoglycemia, and seizures.		☐
Neuromonitoring		
If patient is not at neurologic baseline and resources are available, monitor with continuous electroencephalogram.		☐
Treat seizures.		☐
Glucose		
Measure blood glucose and avoid hypoglycemia.		☐
Prevent agitation and pain		
Treat with sedatives, anxiolytics and analgesics to a sedation score target.		☐
Prognosis		
Always consider multiple modalities (clinical and other) over any single predictive factor.		☐
Delay prognostication until at least 72 hours after cardiac arrest.		☐
Remember that prognostics assessments may be modified by targeted temperature management.		☐