Resuscitation is ongoing during the post-ROSC phase, and many of these activities can occur concurrently. However, if prioritization is necessary, follow these steps:

- **Airway management:**
  - Waveform capnography or capnometry to confirm and monitor endotracheal tube placement

- **Manage respiratory parameters:**
  - Titrated $\text{FiO}_2$ for $\text{SpO}_2$ 92%-98%; start at 10 breaths/min; titrate to $\text{PaCO}_2$ of 35-45 mm Hg

- **Manage hemodynamic parameters:**
  - Administer crystalloid and/or vasopressor or inotrope for goal systolic blood pressure >90 mm Hg or mean arterial pressure >65 mm Hg

These evaluations should be done concurrently so that decisions on targeted temperature management (TTM) receive high priority as cardiac interventions.

- **Emergent cardiac intervention:**
  - Early evaluation of 12-lead electrocardiogram (ECG); consider hemodynamics for decision on cardiac intervention

- **TTM:** If patient is not following commands, start TTM as soon as possible; begin at 32-36°C for 24 hours by using a cooling device with feedback loop

- **Other critical care management**
  - Continuously monitor core temperature (esophageal, rectal, bladder)
  - Maintain normoxia, normocapnia, euglycemia
  - Provide continuous or intermittent electroencephalogram (EEG) monitoring
  - Provide lung-protective ventilation

**H's and T's**

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