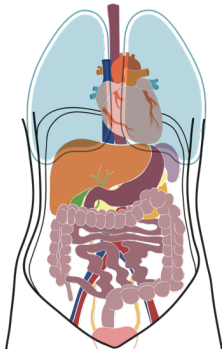


Post-cardiac arrest care

PERFORMING POST-CARDIAC ARREST CARE

Return of spontaneous circulation (ROSC) is obviously an important step toward long-term survival, but there are many things that can still be done to improve long-term outcomes.



Following the return of circulation, profound organ dysfunction in multiple organ systems is not uncommon.

This has been termed the post-cardiac arrest syndrome.

Our priorities should be to

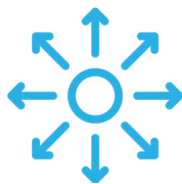
- Prevent another arrest
- Provide supportive care—to limit any ongoing secondary injury
- Facilitate the transition into death when it is inevitable

Treatment of underlying pathology should be paramount. Any derangement contributing to the arrest should be reversed, if possible.

These are essentially the same as the primary causes of shock



Hypovolemic



Distributive



Cardiogenic



Obstructive

Supportive care should include the same principles that govern the management of other critical illnesses.

These include

- Employing neuroprotective strategies
- Correcting electrolyte and endocrine abnormalities
- Using lung-protective ventilation strategies, with normal oxygenation and ventilation
- Supporting organ perfusion