Cardiac Arrest in the Emergency Department

- **Patient is unresponsive and apneic/gasping**
  - Resuscitation consistent with goals of care
  - Activate arrest team / get defibrillator
  - IfVF/VF: defibrillate
    - 200 J biphasic, 360 J monophasic
    - Resume chest compressions immediately

- **Arrest followup**
  - Establish supraglottic airway
  - Consider endotracheal intubation
  - Consider establishing arterial line
  - Consider reversible causes of cardiac arrest

- **Post arrest care**
  - Continuous capnography
  - If end-tidal CO2 < 10
    - Improve quality of chest compressions
  - If unsuccessful, IO
    - Pacemaker pRBCs
    - If suspected exsanguination
  - Fluids and vasopressors to MAP >65
    - Tidal volume 7 mL/kg, oxygenation to SpO2 > 94%, ventilation to PaCO2 40 mm Hg
    - If bloodless: cool to 32°C, starting with 30 cc/kg cold NS
    - If not following commands: reevaluate C3 brain to c/o intracranial cause of arrest and ECG to c/o seizures
    - Monitor lactate, K, urine output; target serum glucose 144-180 mg/dL