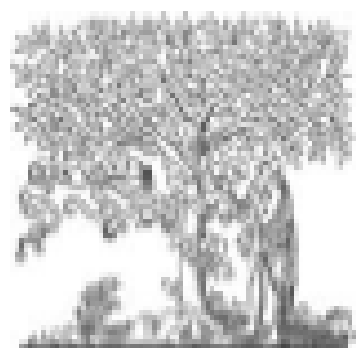


Post-resuscitation care

Seyed Hossein Ardehali MD FCCM

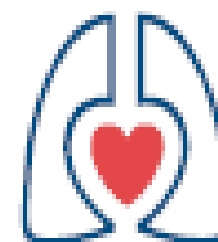


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EUROPEAN
RESUSCITATION
COUNCIL

European Resuscitation Council and European Society of Intensive Care Medicine Guidelines 2021: Post-resuscitation care[☆]



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5 TOP MESSAGES

1. After ROSC use ABC approach

- Insert an advanced airway (tracheal intubation when skills available)
- Titrate inspired oxygen to an SpO₂ of 94-98% and ventilate lungs to achieve normocapnia
- Obtain reliable intravenous access, restore normovolaemia, avoid hypotension (aim for systolic BP > 100mmHg)

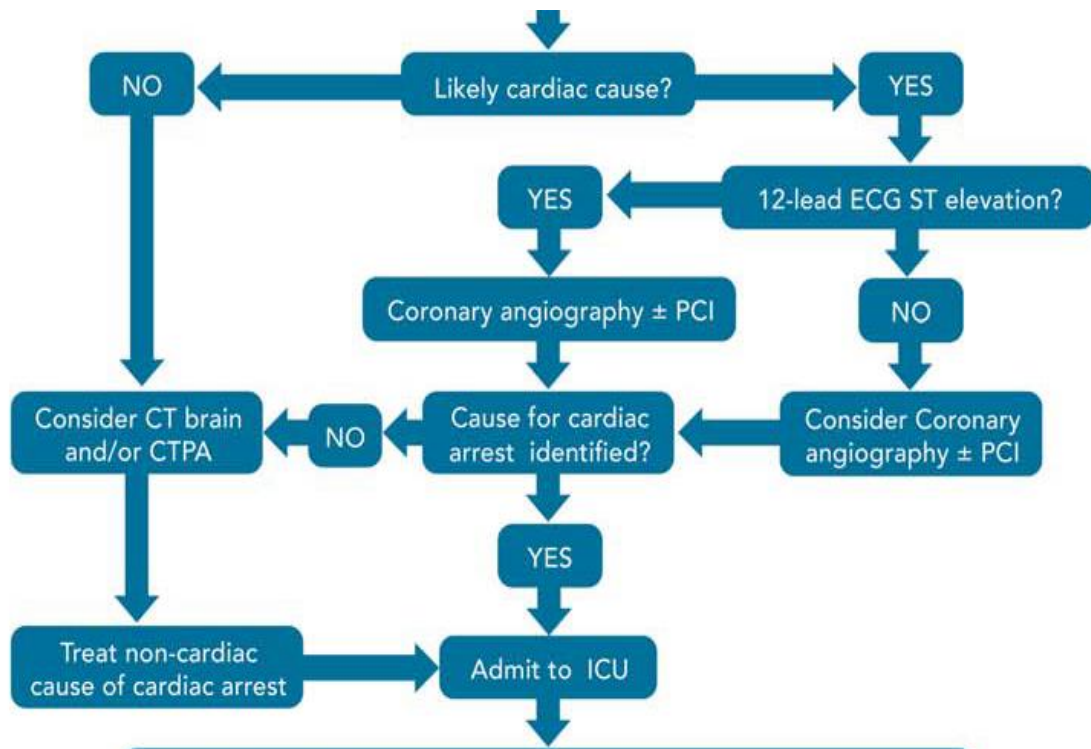
2. Emergent cardiac catheterisation +/- immediate PCI after cardiac arrest of suspected cardiac origin and ST-elevation on the ECG

3. Use targeted temperature management (TTM) for adults after either OHCA or IHCA (with any initial rhythm) who remain unresponsive after ROSC

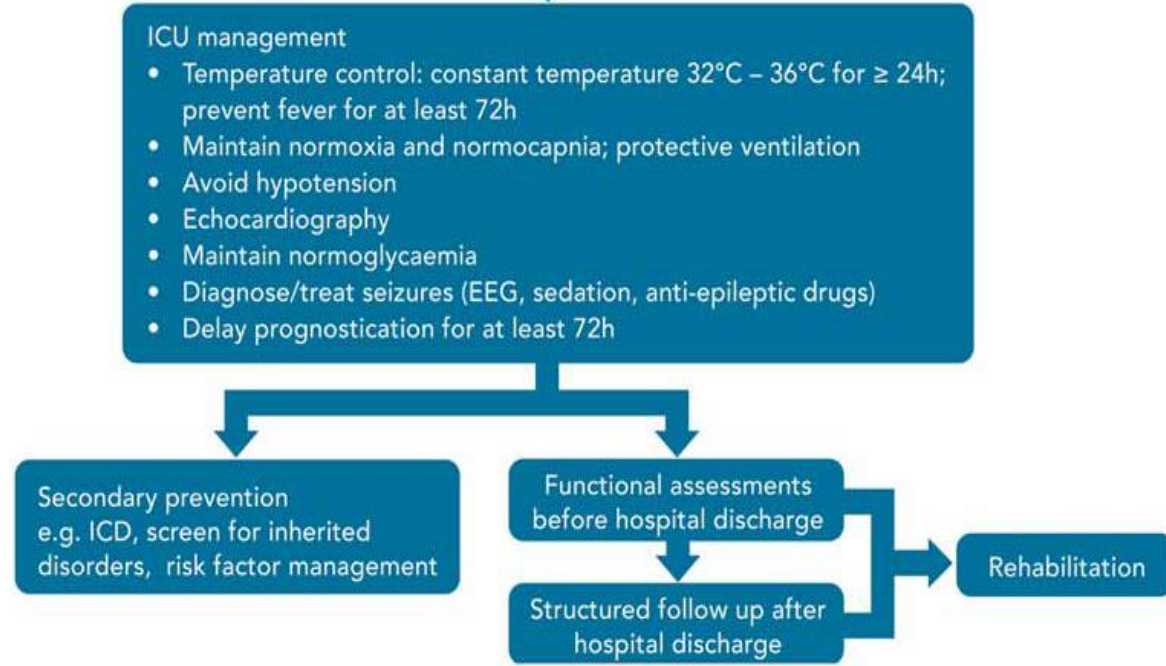
4. Use multimodal neurological prognostication using clinical examination, electrophysiology, biomarkers, and imaging

5. Assess physical and non-physical impairments before and after discharge from the hospital and refer for rehabilitation if necessary

DIAGNOSIS

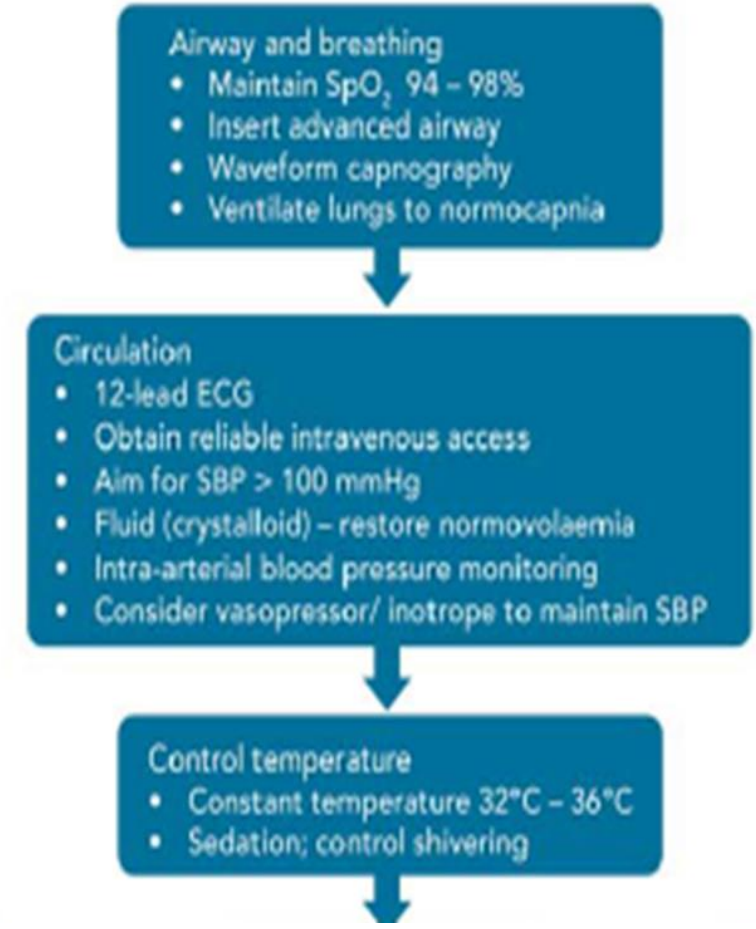


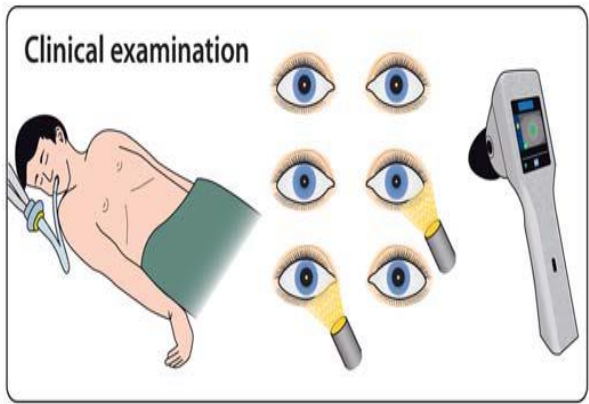
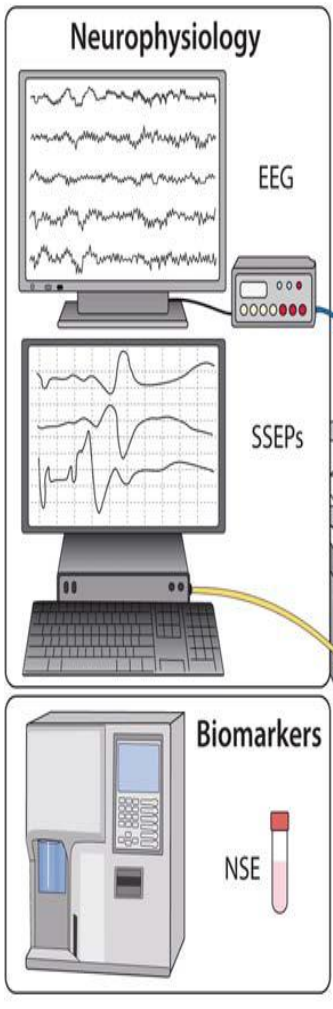
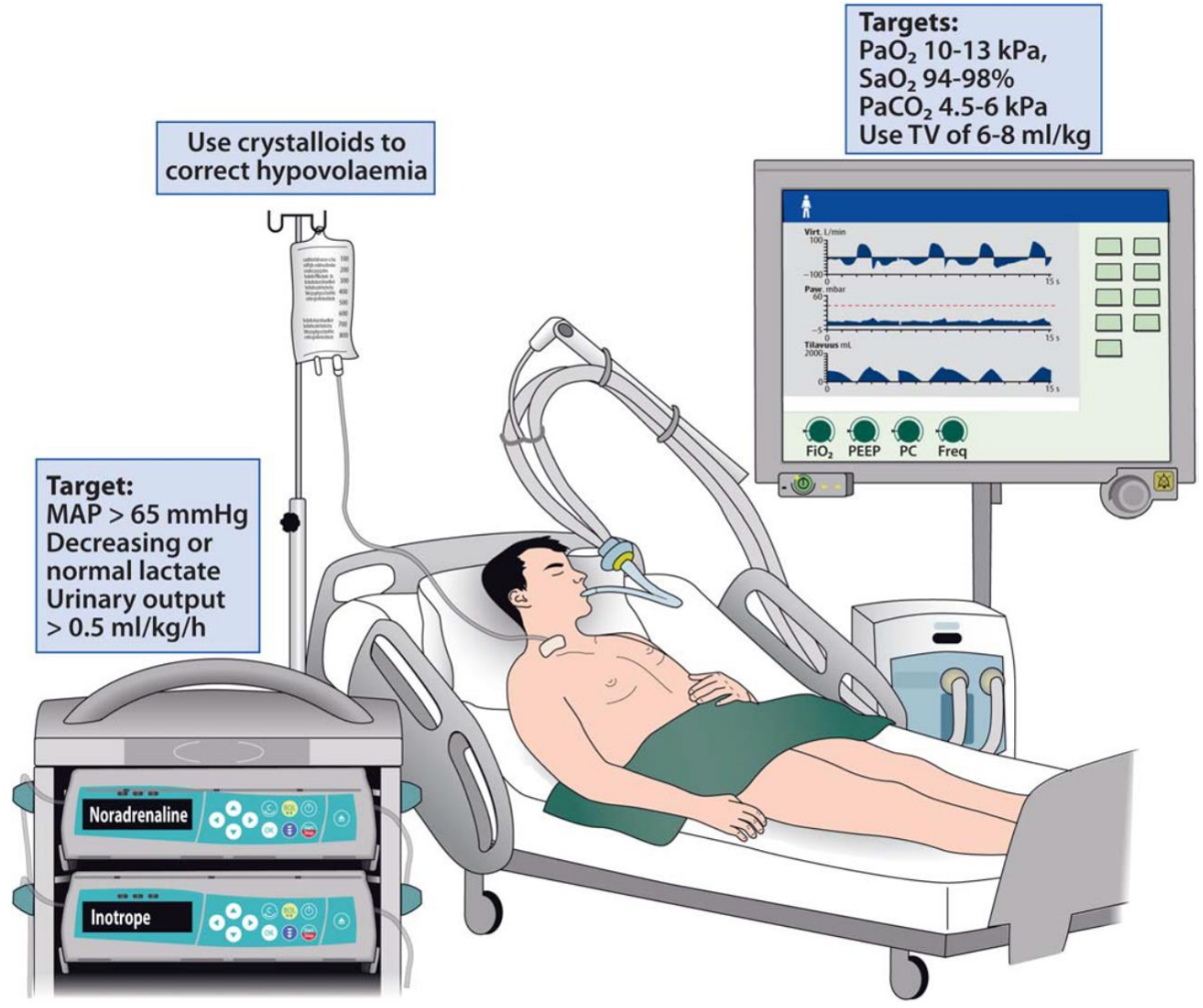
OPTIMISING RECOVERY



POST-RESUSCITATION CARE

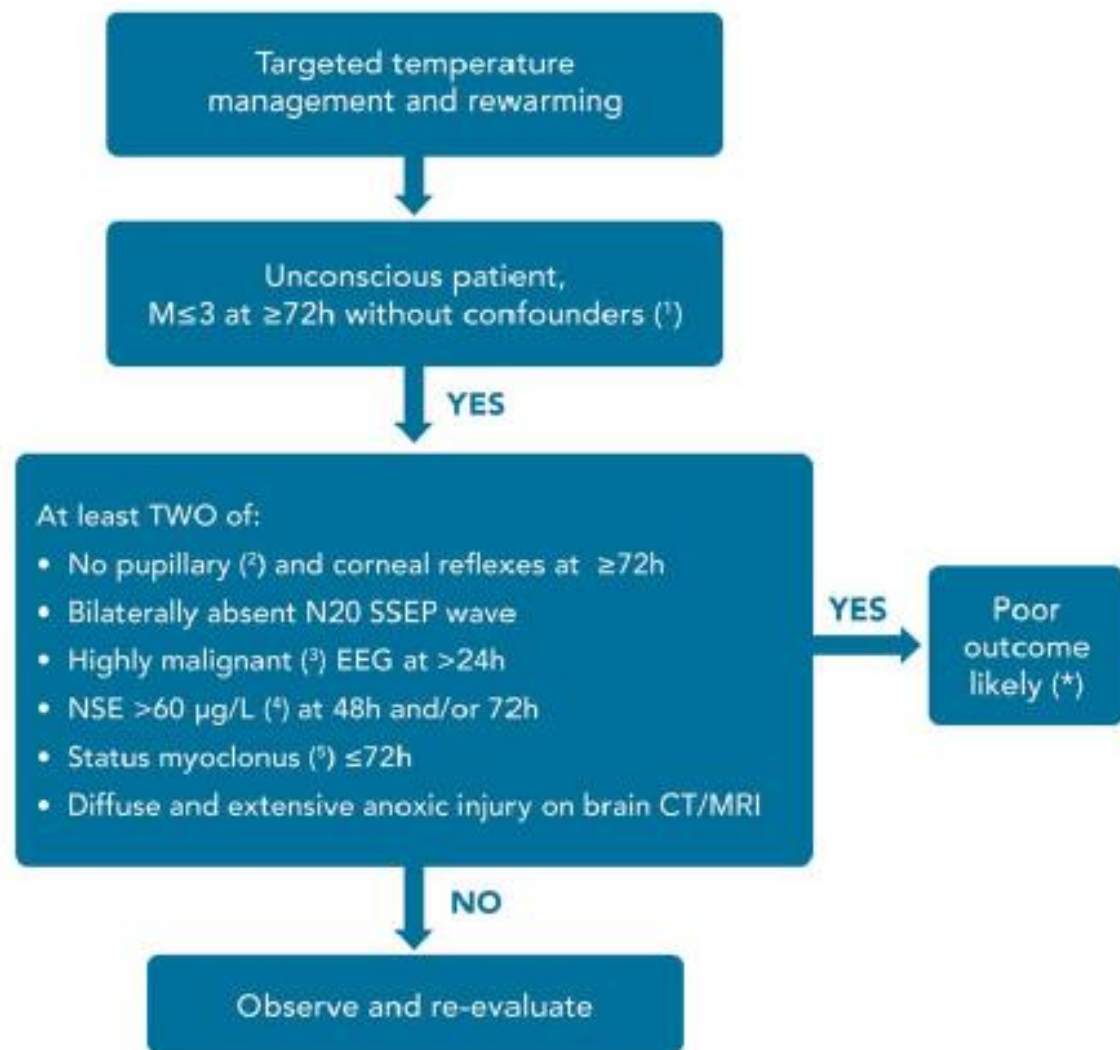
IMMEDIATE TREATMENT







NEUROPROGNOSTICATION FOR THE COMATOSE PATIENT AFTER RESUSCITATION FROM CARDIAC ARREST



RECOMMENDATIONS FOR IN-HOSPITAL FUNCTIONAL ASSESSMENTS, FOLLOW-UP AND REHABILITATION AFTER CARDIAC ARREST

