### Out-Of-Hospital Cardiac Arrest (OHCA) with Return Of Spontaneous Circulation (ROSC)

**Hemodynamically stable?**
- **YES**: Initiate standard resuscitation measures
- **NO**: Establish advanced airway
  - normal etCO2
  - spO2 94-96%

**Patient following commands?**
- **YES**: EKG within 10 mins of patient arrival
- **NO**: Go to next step

### EKG within 10 mins of patient arrival

**STEMI or new LBBB?**
- **YES**: Activate cath lab
- **NO**: NSTEMI or nonspecific changes?

#### NSTEMI or nonspecific changes?
- **YES**: Consider head CT if will not delay angiography
- **NO**: Post ROSC labs
  - FSBS
  - CBC
  - Troponin
  - BMP
  - UA
  - Lipase/LFTS

#### STEMI or new LBBB?
- **YES**: Initiate TTM
  - surface cooling
  - goal 36°C
  - Call NSICU fellow (513-820-0074)
- **NO**: Give 325mg ASA PO (chewed) or PR

### Poor prognostic factors
- Non-cardiac cause strongly suggested by history (e.g. overdose, drowning, respiratory arrest, trauma)
- Unwitnessed arrest
- Initial rhythm non VF/VT
- No bystander CPR
- >30 minutes to ROSC
- Ongoing CPR
- Lactate > 7, pH < 7.2
- ESRD on HD
- Age > 85

### Post ROSC labs
- Mag/Phos
- ABG (or VBG)
- Lactate
- Upreg/serum preg (female <55 y/o)

### Standard resuscitation measures
- IVF, pressors
- Central line
- Arterial line (avoid radial; femoral; avoid radial in patients with CABG Hx)
- Line placement should not delay coronary angiography

### External cooling measures
- Temp-sensing foley
- Ice packs
- Cool mist/fan
- Cold saline
- Arctic Sun

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### Hypothermia after ROSC Protocol
- **CLICK HERE**: Hypothermia after ROSC Protocol

http://www.tamingthesru.com/targeted-temperature-management