

Components of Post-Cardiac Arrest Care		Check
Oxygenation and ventilation		
Measure oxygenation and target normoxemia 94%-99% (or child's normal/appropriate oxygen saturation).		☐
Measure and target $Paco_2$ appropriate to the patient's underlying condition and limit exposure to severe hypercapnia or hypocapnia.		☐
Hemodynamic monitoring		
Set specific hemodynamic goals during post-cardiac arrest care and review daily.		☐
Monitor with cardiac telemetry.		☐
Monitor arterial blood pressure.		☐
Monitor serum lactate, urine output, and central venous oxygen saturation to help guide therapies.		☐
Use parenteral fluid bolus with or without inotropes or vasopressors to maintain a systolic blood pressure greater than the fifth percentile for age and sex.		☐
Targeted temperature management (TTM)		
Measure and continuously monitor core temperature.		☐
Prevent and treat fever immediately after arrest and during rewarming.		☐
If patient is comatose apply TTM (32°C-34°C) followed by (36°C-37.5°C) or only TTM (36°C-37.5°C).		☐
Prevent shivering.		☐
Monitor blood pressure and treat hypotension during rewarming.		☐
Neuromonitoring		
If patient has encephalopathy and resources are available, monitor with continuous electroencephalogram.		☐
Treat seizures.		☐
Consider early brain imaging to diagnose treatable causes of cardiac arrest.		☐
Electrolytes and glucose		
Measure blood glucose and avoid hypoglycemia.		☐
Maintain electrolytes within normal ranges to avoid possible life-threatening arrhythmias.		☐
Sedation		
Treat with sedatives and anxiolytics.		☐
Prognosis		
Always consider multiple modalities (clinical and other) over any single predictive factor.		☐
Remember that assessments may be modified by TTM or induced hypothermia.		☐
Consider electroencephalogram in conjunction with other factors within the first 7 days after cardiac arrest.		☐
Consider neuroimaging such as magnetic resonance imaging during the first 7 days.		☐