RESUSCITATION COUNCIL OF SOUTHERN AFRICA

2025

Post Cardiac Arrest Care (Return of Spontaneous Circulation)

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A AIRWAY MANAGEMENT

Open, maintain and protect as necessary.
Advanced airway as required
Use capnography

B BREATHING SUPPORT

If required, ventilate every 6 seconds (children every 3 seconds)
Target oxygen saturation of 94-98%
Target normocarbia (CO_2 35-45 mmHg)
Apply lung protective ventilation when appropriate

INITIAL VENTILATION

Tidal volume 6ml/kg (ideal weight)
PEEP ≥ 5 cmH_2O
Target pH > 7.20 and
$ETCO_2$ 35-45 mmHg

C CIRCULATION CONTROL

Maintain and monitor perfusion
Monitor heart rate, blood pressure and capillary refill
Consider appropriate fluid administration
Consider vasopressor/inotrope infusion

Advanced monitoring
Initially target SBP > 90 mmHg (MAP > 65 mmHg)
Urine output (0.5ml/kg/hour)
Measure lactate levels

INITIAL INOTROPE

Start **adrenaline** 0.3μg/kg/min
and titrate to effect
(mix 3mg adrenaline with 47 ml saline
or 12mg in 188ml. Administer at
0.3ml/kg/hour)

D DIFFERENTIAL DIAGNOSIS

Search for and correct
possible causes of the arrest

CONTRIBUTORY CAUSES

Hypoxia	Tension pneumothorax
Hypovolaemia	Tamponade
Hypo/hyper-kalaemia	Thrombosis (coronary)
Hydrogen ion imbalance (acidosis)	Thrombosis (pulmonary)
Hypoglycaemia	Toxins and drugs
Hypothermia	Trauma

E EVALUATION

12-lead ECG (consider right-sided leads)
Coronary angiography if arrest of suspected cardiac origin
Early reperfusion if indicated (especially STEMI and LBBB)
Continuous ECG monitoring
Haemodynamic monitoring

F FOCUS ON NORMAL TEMPERATURE

Avoid fever of > 37.5°C

G GLUCOSE CONTROL

Avoid hyper/hypo-glycaemia

H HEAD/NEUROLOGICAL ASSESSMENT

Monitor for seizures
Consider EEG monitoring
Consider brain imaging
Delay prognostication for 72 hours post normothermia