

Part 9: Post–Cardiac Arrest Care : 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care
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*The ILCOR ACS Task Force did not review areas in which it found a paucity of new evidence between 2010 and 2015; therefore, the **2010 Guidelines for these un-reviewed areas remain current.***

The recommendations that were not reviewed in 2015 will either be reviewed and included in future AHA Guidelines for CPR and ECC or will be in the most recent ACC/AHA Guidelines [8–10]

AHA Guidelines 2010, Part 9: Post–Cardiac Arrest Care

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Page 769: Overall the most common cause of cardiac arrest is cardiovascular disease and coronary ischemia.

Normothermia treatment

Not mentioned in the guidelines.

Therapeutic hypothermia

Page 769: When there is high suspicion of **acute myocardial infarction (AMI)**, local protocols for treatment of AMI and **coronary reperfusion** should be activated. Even in the absence of ST elevation, medical or interventional treatments may be considered for treatment of ACS [14, 16, 17] and should not be deferred in the presence of coma or in conjunction with hypothermia.

Page 768: **Concurrent PCI and hypothermia are safe**, with good outcomes reported for some comatose patients who undergo PCI.

Page 771: Case series have reported the feasibility of using **therapeutic hypothermia** after ROSC in the setting of **cardiogenic shock** and hypothermia in combination with emergent PCI.

Case series also report successful use of fibrinolytic therapy for AMI after ROSC, but data are lacking about interactions between fibrinolytic drugs and hypothermia in this population.

For full version please click here:

http://emcools.com/fileadmin/daten/Publikationen/2010_AHA_Guidelines_Part_9_Post-Cardiac_Arrest_Care.pdf