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Resuscitation

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Part 1: Executive summary

2010 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations[☆]

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Prevention and treatment of hyperthermia

Page e10: There are no randomized controlled trials evaluating the effect of treatment of **pyrexia (defined as ≥ 37.6 °C)** compared with no temperature control in patients after cardiac arrest. However, it is well-established that patients who develop hyperthermia after cardiac arrest have a worse prognosis.

Recommendations

Despite the lack of evidence, it is **reasonable to treat hyperthermia** if it occurs in the post-resuscitation period.

Therapeutic hypothermia

Page e5: It is now clear that organized post-cardiac arrest care with emphasis on protocols for optimizing cardiovascular and neurological care, including therapeutic hypothermia, can improve survival to hospital discharge among victims who achieve ROSC after cardiac arrest. [22, 53, 54]

Recommendations

Page e10: Adult patients who are **comatose** (not responding in a meaningful way to verbal commands) with spontaneous circulation after **out-of-hospital VF cardiac arrest should be cooled to 32–34 °C for 12–24 h**. Induced hypothermia might also benefit comatose adult patients with spontaneous circulation after OHCA from a non-shockable rhythm or in-hospital cardiac arrest...

Limited available evidence suggests that PCI during therapeutic hypothermia is feasible and safe and may be associated with improved outcome.

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