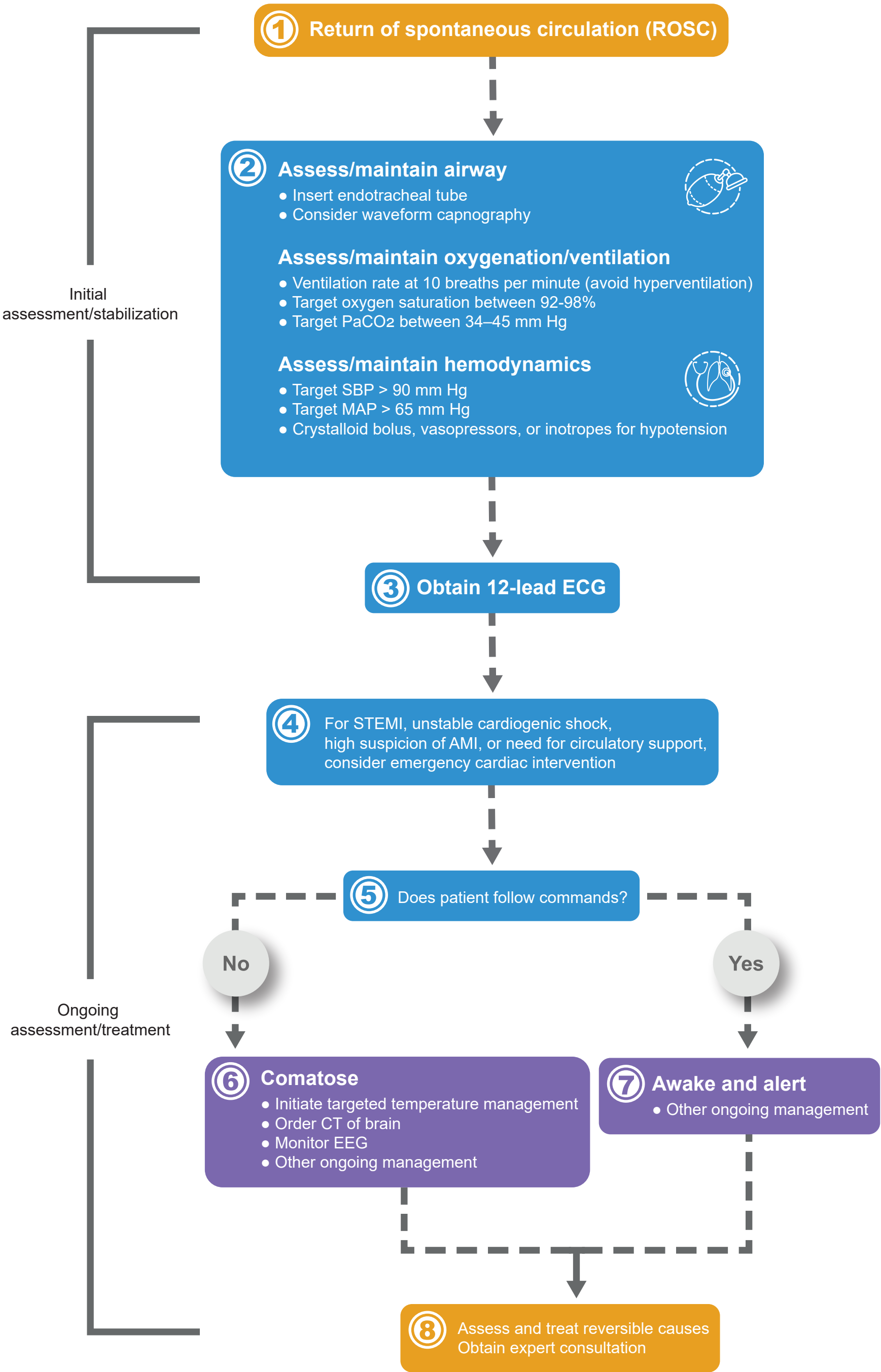


Further Your Knowledge!



All links connect to videos, articles, quizzes or other materials to enhance your learning experience.



Initial assessment/stabilization

- **Ventilation/oxygenation:**
Avoid excessive ventilation. Start at 10 breaths/min and titrate to target PaCO₂ of 35-45 mm Hg.
When feasible, titrate FIO₂ to minimum necessary to achieve SPO₂ ≥ 92-98%.

- Frequent assessment of lung sounds.

- Manage hemodynamic parameters:
Administer crystalloid and/or vasopressor or inotrope for target SBP > 90 mm Hg or MAP > 65 mm Hg

Ongoing assessment/treatment

- Perform interventions concurrently as able
- Evaluate ECG early to determine need for emergency cardiac intervention
- In the comatose patient, begin TTM as early as possible using temperature of 32°C–36°C for 24 hours
- Monitor core temperature
- Treat hypercapnia, hypoxia, and hypoglycemia
- If possible, continuously monitor EEG

Reversible Causes (Hs and Ts)

- Hypoxia
- Hypovolemia
- Hydrogen ion (acidosis)
- Hypo-/Hyperkalemia
- Hypothermia
- Tension pneumothorax
- Tamponade, cardiac
- Toxins
- Thrombosis, pulmonary
- Thrombosis, coronary