Recommended post-resuscitation care protocol for patients on VA ECMO (IHCA/OHCA)

nours after ROSC		*Anti-infectives*	*additional laboratory tests*				
0	Day 1	ATB (antibiotics)	HS troponin, myoglobin ECG	Targeted temperature management	Whole-body CT within 2 hours after ROSC (brain: calculate GWR and ASPECT)	anticoagulation - argatroban/none according to protocol including laboratory tests	Specific diagnostics and treatment: PCI, PE recanalization, etc.
6				core temperature 32-36°C			SEDATION: propofol, dexmedetomidine, sufentanil (consider relaxation during induced hypothermia and shivering)
12		e.g.. Unasyn 4x3g		Contraindications: coagulopathy, cardiovascular instability			TTE: at least once daily with report + LUNG US
24			NSE 24 hod from ROSC				
30	Day 2	ATB (antibiotics)	daily morning HS troponin, myoglobin, ECG	Targeted temperature management			Combined individualized vasoactive support to MAP ≥ 65 mmHg; DAP ≥ 50 mmHg and diuresis >0.5 ml/kg/h
36				rewarming 0.25°C/hour			
42				core temperature 36°C in comatose patients			NIRS: 4-channel, bilateral frontal and bilateral on calves
48			NSE 48 hod from ROSC	avoid temperature >37.7°C during weaning from sedation			PUPILOMETRY: start in ED; in ICU every 1 hour
54	Day 3	ATB-according to PCT, ultrasound, CT etc	daily morning HS troponin, myoglobin, ECG	Targeted temperature management	CT brain control (calculate GWR and ASPECT)		stress ulcer prophylaxis, glycemia control with target 7.8-10 mmol/l, trophic enteral nutrition
60				core temperature 36°C in comatose patients			in case of seizures, initiate Levetiracetam/valproate with sedation
66							ANTICOAGULATION: according to ECMO anticoagulation protocol including lab tests
72			NSE 72 hod from ROSC	avoid temperature >37.7°C during weaning from sedation			targets PaO2 10-13 kPa, SaO2 94-98%, PaCO2 4.5-6 kPa, Vt 6-8 ml/kg