Algorithm & Care Continuum for the Management of Patients with OHCA
Based on the SCAI Stages of Cardiogenic Shock Adapted from the SCAI Expert Consensus Statement on Out-of-Hospital Cardiac Arrest

**OHCA Patient**
Situation awareness goal: assessment of all clinical factors to aid decision

- **ROSC + awake**
  - STEMI Suspected AMI Cardiogenic Shock
    - Definite Strategy: Activate CCL

- **ROSC + comatose**
  - Emergent Interventional Cardiology Evaluation
    - TTM assessment
      - Ongoing CPR < 45 minutes
      - Age > 75, consider ECLS

**Assess for Contraindications to ECLS**
- Advanced age/multiple comorbidities
- No-flow > 10 min
- Unwitnessed arrest
- Initial rhythm: asystole/PEA
- Lactate from > 12 mmol/L
- Low EtCO2 (<10 mm Hg)
- Unfavorable anatomy
- Collapse to ECLS > 60 minutes
- Ongoing CPR > 45 minutes
- Age > 75 years
- ABG with paO2 < 50 mm Hg

**Assess for Favorable vs. Unfavorable Features, Good Neurological Recovery**
- **Favorable**
  - Low CAHP score
  - Bystander CPR
  - Time to ROSC < 30 min
  - Shockable rhythm
  - Lactate < 4 mmol/L
  - Arterial PH > 7.2
  - Age < 65 years
  - No ESRD

- **Unfavorable**
  - High CAHP score
  - No bystander CPR
  - Time to ROSC > 30 min
  - Non-shockable rhythm
  - Lactate > 7 mmol/L
  - Arterial PH < 7.2
  - Age > 85 years
  - ESRD

- **Multiple Favorable**
  - STEMI/Cardiogenic Shock
    - Definite Strategy: Activation of cardiac cath lab on initial encounter, includes performing any of the following as necessary: coronary angiogram, PCI, and/or hemodynamic assessment with right heart catheterization and use of MCS device. Transfer to ICU Post Cath Lab for continuing TTM.

- **Multiple Unfavorable**
  - NSTEMI
    - Definite/Defer Strategy: Do not activate CCL on initial encounter. Transfer to ICU for TTM, post resuscitative care, clinical reassessment and assess neuro recovery.

- **Consider initiating ECLS based on multidisciplinary input**

- **Defer Strategy**
  - STEMI/Cardiogenic Shock
    - Definite Strategy
  - NSTEMI
    - Defer Strategy