**Target Population:** Patients at least 18 years of age who have suffered an out of hospital or in hospital cardiac arrest

**Link to Full Guideline:** [Post Cardiac Arrest – Adult – Inpatient/Emergency Department – Consensus Care Guideline](#)

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**INITIATION**

**Presentation of Post Cardiac Arrest**

Does patient meet exclusion criteria?

- Yes: Proceed with standard of care (Outside scope of guidance document)
- No: Continue Targeted Temp Management (TTM)?

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**MAINTENANCE**

**Goal Temperature**

Goal core temperature of 32-36°C (AHA Class I, LOE B-R) for at least 24 hours (AHA Class 2a, LOE B-NR).

Evidence suggests 37°C may be an appropriate goal temperature, particularly in patients not previously thought to be candidates for TTM (e.g., recent trauma, bleeding concerns, or hemodynamic instability) or those unable to tolerate 33°C goal temperature.

Once the decision is made to proceed with TTM, the goal temperature is determined by the accepting critical care team. This decision is made after careful and timely review of the clinical data and patient factors that are available to the team at the time of the patient’s admission.

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**REWARMING**

Increase core temperature by 0.25-0.5°C/hr to 37°C

Maintain core temperature of 37°C for 48 hours

Continue care as appropriate by Critical Care team

Prognosticate neurological assessment after patient warm for ≥ 72 hours

No: If difficulty maintaining core temperature at 37°C or rewarming faster than 0.5 °C/hr, consider:

- Continuation of intravascular or surface cooling
- Scheduled acetaminophen, if no significant liver disease

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*Contact Interventional Cardiology. VF/VT arrest and shockable rhythm should be strongly considered for emergent coronary angiography.*

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