

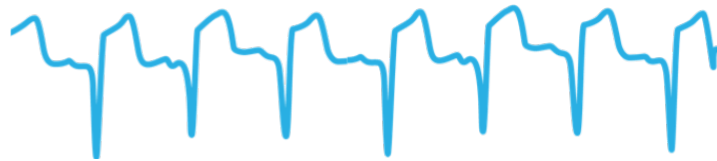
Post-cardiac arrest care

DETERMINING WHEN TO PERFORM CARDIAC CATHETERIZATION

Coronary ischemia is the most common cause of ventricular dysrhythmias. For patients with ventricular tachycardia or ventricular fibrillation, without an apparent alternate cause, emergent coronary angiography should be considered in order to potentially open an occluded vessel.

ST-elevation myocardial infarction (STEMI)

Patients with cardiac arrest following a STEMI should be taken emergently for percutaneous coronary intervention as soon as possible, just as those without arrest. Some patients will continue to remain unstable until their coronary occlusion is opened. It may be necessary to continue to provide circulatory assistance, for example with mechanical circulatory support.



However, more than 25% of patients without definite evidence of ST elevation after cardiac arrest may also benefit from a percutaneous coronary intervention. Regional and institutional practice patterns should help guide intervention, but it is important to maintain a high suspicion for an acute coronary lesion in all patients with an unexplained ventricular dysrhythmia.