It should not be the uniform expectation that an OOHCA patient will go to the cath lab.

1. If ekg shows STEMI, continue to active STEMI team, however there may be more discussion with the interventionalist.

2. collect the following data:
   whitnessed arrest y/n
   bystander CPR y/n
   initial rhythm
   downtime to cpr
   CPR time to ROSC
   12 lead
   blood gas pH
   Lactate
   are they still getting cpr
   are they on dialysis

Smart Phrase. .KFOOHCA see below

3. talk with the interventional cardiologist about if they are appropriate to take to cath lab (you should talk with them either way, just now the discussion is not automatic trip to cath lab)
4. admit to icu like usual

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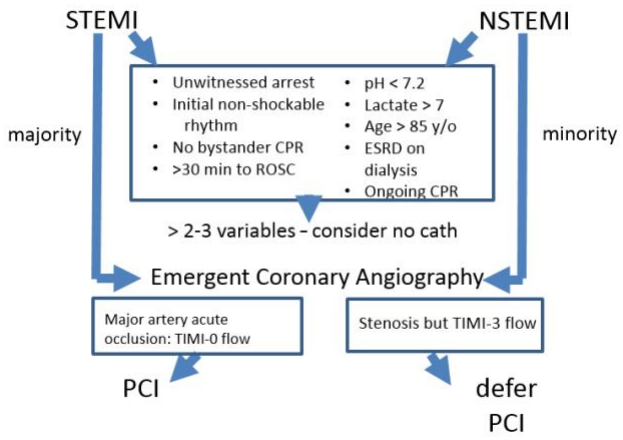
Cath Lab Criteria: Out of Hospital Cardiac Arrest



Sample Report:

Name: _____ Age: ___ Code Status: ___
Witnessed Arrest: Y / N
Bystander CPR: Y / N
Initial rhythm: _____
Downtime to CPR: _____
CPR time to ROSC: _____
12 Lead: _____

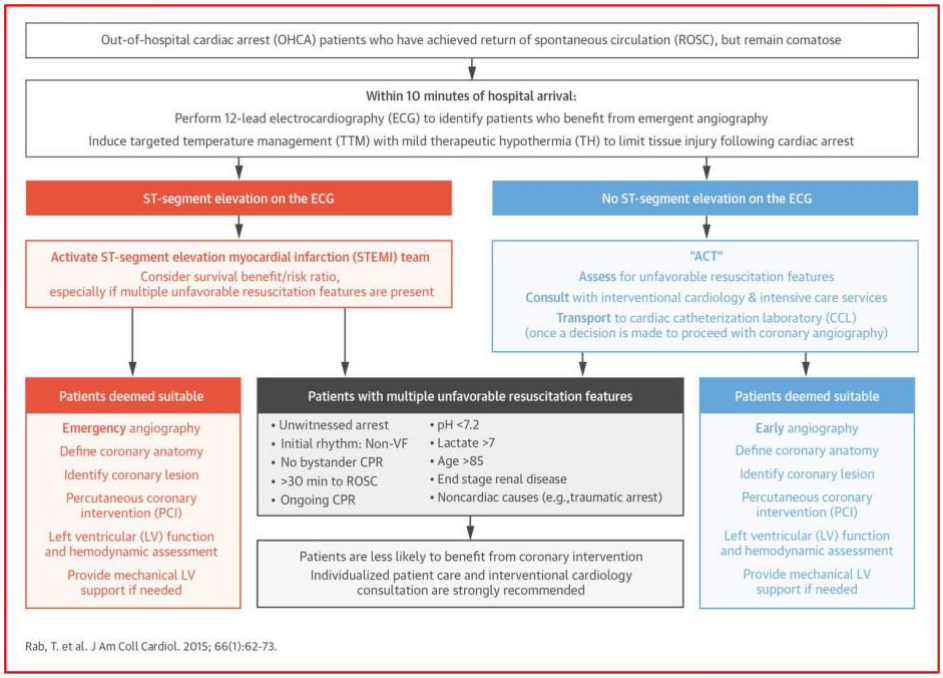
ABG pH: _____
Lactate Level: _____
Ongoing CPR: Y / N
ESRD on dialysis: Y / N

High Risk Variables (for cardiology)

- Unwitnessed arrest
- No bystander CPR
- Initial non-shockable rhythm
- >30 min to ROSC
- pH <7.2
- Lactate >7
- Age >85
- ESRD on dialysis
- Ongoing CPR

Interventional Cardiology - If >2-3 variables, consider no cath

Approved for system-wide distribution and adoption by the CPS IHD Focus Group (6/12/18)



Tanveer Rab et al. JACC 2015;66:62-73