	Executive boards are ultimately responsible for supporting the implementation of these recommendations. Suggested target audiences to action recommendations are listed in italics under each recommendation. The primary target audience/audiences are in bold. *The term 'healthcare professionals' includes, but is not limited to, doctors, surgeons, nurses, general practitioners, physiotherapists, speech and language therapists and occupational therapists*
	RECOMMENDATIONS
1	Implement whole population strategies to increase the rate of cardiopulmonary resuscitation (CPR) by bystanders and the use of public access defibrillators. ***Target audiences: Public health departments of all UK countries and Crown Dependencies,*** *with support from the Resuscitation Council UK*
2	Put effective systems in place to share existing advance treatment plans (such as ReSPECT*) between primary care services, ambulance trusts and hospitals so that people receive treatments based on what matters to them and what is realistic in terms of their care and treatment. ***Target audiences: Local commissioners,*** *with support from primary care, ambulance trusts and care home providers* *** www.resus.org.uk/respect*
3	Do not use a single factor such as time to the return of spontaneous circulation, blood lactate or pH to make decisions about organ support or interventions in critical care. No single factor on admission accurately predicts survival after an out-of-hospital cardiac arrest. ***Target audiences: All clinicians*** *who see patients after an out-of-hospital cardiac arrest and relevant clinical directors*
4	Optimise oxygenation for patients with a return of spontaneous circulation as soon as possible after hospital admission, by: • Measuring arterial blood gasses • Prescribing oxygen • Documenting inspired oxygen concentration (or flow rate) and • Monitoring oxygen saturation • Adjusting inspired oxygen concentration to achieve an arterial oxygenation saturation target of 94–98% ***Target audiences: All clinicians*** *who see patients after an out-of-hospital cardiac arrest and relevant clinical directors*
5	On admission after an out-of-hospital cardiac arrest, prioritise patients for coronary intervention, in line with the European Society of Cardiology current guidelines, because a primary cardiac cause for their cardiac arrest is likely. ***Target audiences: All clinicians*** *who see patients after an out-of-hospital cardiac arrest and cardiology leads*

	https://cprguidelines.eu/sites/573c777f5e61585a053d7ba5/content_entry5f8e9d3b4c848637d1e4d1a5/5f8f00124c848608eee4d1cd/files/Draft_ERC-ESICM_GL2020_PostResusCare_for_posting.pdf
6	Use active targeted temperature management during the first 72 hours in critical care to prevent fever (temperature over 37.5°C) in unconscious patients after an out-of-hospital cardiac arrest. ***Target audiences: Critical care leads*** *and critical care clinical staff* *See also the Resuscitation Council UK guidelines* www.resus.org.uk/library/2015-resuscitation-guidelines/guidelines-post-resuscitation-care#1-the-guidelines
7	Assess neurological prognosis in unconscious patients after an out-of-hospital cardiac arrest, using at least two of the following methods: • Clinical assessment • Imaging • Neurophysiological assessment (including electroencephalogram, to exclude subclinical seizures and improve accuracy) • Biomarkers ***Target audiences: Critical care leads*** *and critical care clinical staff*
8	Delay the final assessment of neurological prognosis after an out-of-hospital cardiac arrest until AT LEAST 72 hours after return of spontaneous circulation AND the effects of sedation and temperature management can be excluded. This will ensure a reliable assessment. Repeat the assessment if there is any doubt. ***Target audiences: Critical care leads*** *and critical care clinical staff* *See also the Resuscitation Council UK guidelines* www.resus.org.uk/library/2015-resuscitation-guidelines/guidelines-post-resuscitation-care#1-the-guidelines
9	Actively explore the potential for organ donation in all patients after an out-of-hospital cardiac arrest and return of spontaneous circulation, who have a planned withdrawal of life sustaining treatment. ***Target audiences: Critical care leads*** *and critical care clinical staff* ****Note the different legal positions in the UK countries***
10	Identify all survivors of an out-of-hospital cardiac arrest who would benefit from **physical** rehabilitation before hospital discharge and ensure this is offered to them. ***Target audiences: The clinical team caring for the patient after an out-of-hospital cardiac arrest,*** *supported by the physiotherapy service lead*
11	Identify all inpatient survivors of an out-of-hospital cardiac arrest who would benefit from **cardiac** rehabilitation before hospital discharge and ensure this is offered to them. ***Target audiences: The clinical team caring for the patient after an out-of-hospital cardiac arrest,*** *supported by the cardiac rehabilitation service lead*

12	Identify all inpatient survivors of an out-of-hospital cardiac arrest who would benefit from **neurological** rehabilitation before hospital discharge and ensure this is offered to them. ***Target audiences: The clinical team caring for the patient after an out-of-hospital cardiac arrest,*** *supported by the neurological rehabilitation service lead.* ***Commissioners,*** *where these services are not already in place*
13	Identify all inpatient survivors of an out-of-hospital cardiac arrest who would benefit from **psychological** intervention before hospital discharge and support and ensure this is offered to them. ***Target audiences: The clinical team caring for the patient after an out-of-hospital cardiac arrest,*** *supported by the clinical psychology service lead.* ***Commissioners,*** *where these services are not already in place*