

Trial Bedside Guide- Hypercapnia

Phase 1: 20mins of Sustained ROSC and Randomisation	Randomisation= Date:	Time:
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Step 1: Assess patient for severe metabolic acidosis

- Check the patient's baseline ABG for pH<7.1 and base excess <-6mmol/L
- If present, correct this disturbance prior to commencing the intervention

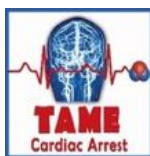
Phase 2: Intervention Phase: 0 - 24 hours		24 hours= Date:	Time:
Intervention group PaCO ₂ 50-55 mmHg	• Perform an ABG to assess the patient's baseline PaCO₂ • If the PaCO₂ is outside the range of 50-55mmHg increase or decrease the respiratory rate to alter the minute ventilation • Perform an ABG 30mins after altering ventilator settings to check if the PaCO₂ is within 50-55mmHg. Once target PaCO₂ has been achieved ABGs should be repeated every 3-4 hours OR if the EtCO₂ changes >5mmHg • If the patient has required correction of a metabolic acidosis prior to commencing hypercapnia, the time taken to do this this will be considered part of the 24hour intervention phase		
Phase 2: 24-28 hours		28 hours= Date:	Time:
• Slowly return the patient to normocapnia over a period of 4 hours			

NOTE: when performing ABGs to assess PaCO₂, do **NOT** change the temperature to the patient's current core temperature. This value should be left at 37.0°C.

Phase 3: After Intervention phase: 28 hours – 96 hours	96 hours= Date:	Time:
• Extubation should be attempted at the earliest possible time (refer to TTM2 guidelines too) • All patients who remain comatose should have an EEG performed 48-96 hours after randomisation • After a minimum of 96 hrs after randomisation, a blinded physician will perform a neurological evaluation according to the neuroprognostication worksheet		

General ICU Care

- Fluid therapy is guided by local standard procedures for haemodynamic support
- Management of haemodynamics, metabolic disturbances, seizures and cardiac interventions should be according to local protocols and at the discretion of the treating physician
- Treatment recommendations for **sedation in both groups**:
 - Sedation is **mandatory** for the 24hour intervention period
 - Titrate sedatives to maintain **RASS** (Richmond Agitation-Sedation Scale) score of – 4
 - Neuromuscular blocking agents may be required to achieve the targeted CO₂ range



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Flow Chart for Ventilator Management of Patients in the TAME Trial

