

POST CARDIAC ARREST RETURN OF SPONTANEOUS CIRCULATION (ROSC)

ALL PROVIDERS / EMT

- ❑ Focused history and physical exam
 - Blood glucose assessment
- ❑ Continuous ECG, CO2, and pulse oximetry monitoring, when available
- ❑ **Treatment Plan**
 - Preferential transport to a STEMI/PCI receiving center, if available.

ADULT

PEDIATRIC (<15 years of Age)
NOTE: Pediatric weight based dosing should not exceed Adult dosing.

ADULT AEMT

- ❑ Advanced airway, vascular access and fluid therapy per *IV/IO Access and Fluid Therapy Guideline*
- ❑ **Lidocaine 0.5-1.5 mg/kg IV** (if not given during the arrest), followed by continuous infusion of 2-4 mg/min

PEDIATRIC AEMT

- ❑ Advanced airway, vascular access and fluid therapy per *IV/IO Access and Fluid Therapy guidelines*
- ① Monitor closely for hypotensive shock. Consult with OLMC for direction if blood pressure is less than pediatric lowest acceptable systolic blood pressures
 - Birth to 1 month = 60mmHg, 1 month to 1 year = 70mmHg, 1 year to 10 years is = 70mmHg + (age x 2) and over 10 years = 90mmHg.

ADULT PARAMEDIC

- ❑ Epinephrine (1:1000) 0.1-0.5 mcg/kg/min (7 to 35 mcg/minute in a 70 kg patient) IV/IO infusion for hypoperfusion. Titrate to maintain a SBP >100 mmHg
- **And/or**
- ❑ Norepinephrine 1 mcg/min IV/IO for shock. Titrate up to 30 mcg/min to maintain SBP >100 mmHg

PEDIATRIC PARAMEDIC