POST CARDIAC ARREST

RETURN OF SPONTANEOUS CIRCULATION (ROSC) UPDATED 1/2024

ALL PROVIDERS / EMT

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	Focused history and physical exam	
	Blood glucose assessment	
	Continuous ECG, ETCo2, and pulse oximetry monitoring	
	Document blood pressure and acquire 12 lead EKG immediately after establishing ROSC	
	Prepare for transport while maintaining monitoring and re-checking for pulse periodically	
	Acquire and transmit post-ROSC 12 lead EKG as well as a second 12 lead EKG 10 minutes post-ROSC	
	Consider putting mechanical CPR device in place for transport if available for use in case of re-arrest	
	Treatment Plan	
	Emergent transport to a STEMI/PCI receiving center	
	ADULT	PEDIATRIC (<15 years of Age) NOTE: Pediatric weight based dosing should not exceed Adult dosing.
	AEMT	AEMT
	Supraglottic, vascular access and fluid therapy	☐ Supraglottic, vascular access and fluid therapy
	Administer crystalloid to achieve a goal of SBP of	☐ Prepare crystalloid for hypotensive shock.
	90 mmHg or MAP of 65.	Consult with OLMC if blood pressure is less than pediatric lowest acceptable systolic blood pressures Birth to 1 month = 60mmHg I month to 1 year = 70mmHg 1 year to 10 years is = 70mmHg + (age x 2) 10 years and older = 90mmHg.
	PARAMEDIC	PARAMEDIC
	Epinephrine drip (1:10,000) 2-10 mcg/kg IV/IO. Titrate to maintain SBP 90 mmHg or MAP of 65.	□ Epinephrine drip (1:10,000) 0.1-0.5 mcg/kg/min IV/IO. Titrate to maintain a SBP >70+(age in years x 2) mmHg
	Push Dose Epinephrine 10mcg as needed to	☐ Push Dose Epinephrine - 1mcg/kg Titrate to
	maintain a SBP of 90 mmHg or MAP of 65.	maintain a SBP $>70 + (age in years x 2)$
	Norepinephrine 1 mcg/min IV/IO. Titrate up to 30	mmHg

mcg/min to maintain SBP of 90 mmHg or MAP of

65.

□ Norepinephrine 0.05 - 1 mcg/kg/min IV/IO

mmHg

infusion for hypoperfusion. Titrate to maintain a SBP >70 + (age in years x 2)