

## POST CARDIAC ARREST

### RETURN OF SPONTANEOUS CIRCULATION (ROSC)

UPDATED 5/2024

#### ALL PROVIDERS / EMT

- Treatment Plan
  - Focused history and physical exam
    - Blood glucose assessment.
    - Continuous ECG, ETCO<sub>2</sub>, and pulse oximetry monitoring.
  - Assist ventilations to maintain ETCO<sub>2</sub> 35-45mmHg.
  - 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 placing mechanical CPR device for transport, if available, in case of re-arrest.
  - Consider fluid resuscitation up to 1L NS/LR for target MAP >65 and/or SBP 90
    - Pediatric lowest acceptable systolic blood pressures are:
      - Birth to 1 month = 60mmHg
      - 1 month to 1 year = 70mmHg
      - 1 year to 10 years is = 70mmHg + (age x 2)
      - Over 10 years = 90mmHg
  - Emergent transport to a STEMI/PCI receiving center.

#### ADULT

##### AEMT

- Supraglottic airway, vascular access and fluid therapy.
- Administer crystalloid to achieve a goal of SBP of 90 mmHg or MAP of 65.

##### PARAMEDIC

- **Epinephrine drip - 2-10mcg/min** IV/IO. Titrate to maintain SBP of 90mmHg or MAP of 65.
- **Push Dose Epinephrine – 2-10mcg/min** as needed to maintain SBP 90mmHg (MAP 65)
- **Norepinephrine – 1mcg/kg** IV/IO infusion. Titrate up to 30mcg/min to maintain SBP 90mmHg (MAP 65)
- **For patients with an advanced airway already in place and the return of a gag reflex. Administer ONCE**
  - **Endotracheal Tube**
    - Fentanyl – 50-100mcg
  - AND
  - Midazolam – 2.5mg
  - **Supraglottic Airway**
    - Fentanyl – 50mcg

#### PEDIATRIC

Pediatric dose should NOT EXCEED adult dose

##### AEMT

- Supraglottic airway, vascular access and fluid therapy.
- Administer crystalloid to achieve a goal of SBP appropriate for age listed above.

##### PARAMEDIC

- **Epinephrine drip - 0.1-0.5 mcg/kg/min** IV/IO. Titrate to maintain an appropriate SBP as indicated above
- **Push Dose Epinephrine – 0.5-1mcg/kg** Titrate to maintain appropriate SBP
- **Norepinephrine – 0.05-1mcg/kg/min** IV/IO infusion. Titrate to maintain appropriate SBP as indicated above
- **For patients with an advanced airway already in place and return of a gag reflex. Administer ONCE.**
  - **Endotracheal Tube**
    - Fentanyl – 1mcg/kg
  - AND
  - Midazolam – 0.1mg/kg
  - **Supraglottic Airway**
    - Fentanyl – 0.5mcg/kg