POST CARDIAC ARREST

RETURN OF SPONTANEOUS CIRCULATION (ROSC)

ALL PROVIDERS / EMT

- ❑ Focused history and physical exam
  - Blood glucose assessment
- ❑ Continuous ECG, ETCO2, and pulse oximetry monitoring, when available
- ❑ Assist ventilations to maintain ETCO2 35-45mmHg
- ❑ Document blood pressure after establishing ROSC
- ❑ Prepare for transport while maintaining monitoring and re-checking for pulse periodically
- ❑ Acquire and transmit a 12L EKG after establishing ROSC
- ❑ Consider putting mechanical CPR device in place for transport if available for use in case of re-arrest
- ❑ **Treatment Plan**
  - Preferential transport to a STEMI/PCI receiving center, if available.

ADULT

AEMT

- ❑ Supraglottic, vascular access and fluid therapy.
- ❑ **Prepare Vasopressors for possible hypotension**
  - ◑ **Push Dose Epinephrine 10mcg** as needed to maintain a SBP >100 mmHg after fluid bolus.

PARAMEDIC

- ❑ **Epinephrine 2–10 mcg/min** IV/IO infusion for hypoperfusion. Titrate to maintain a SBP >100 mmHg.
- ❑ **Norepinephrine** initial dose: **0.05 – 1 mcg/kg/min** IV/IO for hypoperfusion. Titrate to maintain a SBP > 100 mmHg. For patients in refractory

PEDIATRIC (<15 years of Age)

NOTE: Pediatric weight based dosing should not exceed Adult dosing.

AEMT

- ❑ Supraglottic, vascular access and fluid therapy.
- ◑ 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.
- ❑ **Prepare Vasopressors for possible hypotension**
  - ◴ **Push Dose Epinephrine 1mcg/kg (dose per appendix)** as needed to maintain a SBP>70 + (age in years x 2) mmHg after fluid bolus.

PARAMEDIC