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
- ❑ 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 (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 SBP >100 mmHg
- ❑ **Norepinephrine 1 mcg/min** IV/IO for shock. Titrate up to 30 mcg/min to maintain SBP >100 mmHg.

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** as needed to maintain a SBP>70 + (age in years x 2) mmHg after fluid bolus

PARAMEDIC