Contra Costa County Emergency Medical Services

Post Resuscitation (ROSC)

History
- Respiratory arrest
- Cardiac arrest

Signs and Symptoms
- Return of spontaneous circulation

Differential
- Continue to address specific differentials associated with the original dysrhythmia

Worsening bradycardia in ROSC patients may indicate impending rearrest

E	Repeat primary assessment
E	**Optimize ventilation and oxygenation** • Maintain SpO_2 at ≥ 94% • Maintain respiratory rate at 10/minute for EtCO2 35 – 45 mmHg • DO NOT HYPERVENTILATE
E	Monitor vital signs
P	Advanced airway placement unless contraindicated
P	Establish IO/IV if not previously established
P	*SBP < 90* ***Push Dose Epi (10 mcg/ml) 10 mcg IV/IO every 3 min*** Titrate to a SBP > 90
P	**Normal Saline bolus 500 ml IV/IO** May repeat as needed if lungs are clear
P	Cycle Blood Pressure every 3 minutes
P	*Consider 12-Lead ECG*

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Transport to STEMI Receiving Center

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Notify receiving facility. Contact Base Hospital for medical direction, as needed.

Designated STEMI Receiving Centers

John Muir – Concord
John Muir – Walnut Creek
Kaiser – Walnut Creek
San Ramon Regional
Sutter Delta

Approved Out Of County STEMI Receiving Centers

Highland
Kaiser – Vallejo
MarinHealth
ABMC – Summit – Oakland
Kaiser – Oakland
SHC – ValleyCare

Push Dose EPI

1 mg/ml Epinephrine Mixing Instructions

NEED:
1 mg/ml Epineprhine ampule
tuberculin syringe
10ml Normal Saline flush

1. Draw up 0.1 ml (1 mg/ml) of Epi in the tuberculin syringe
2. Add the 0.1 mg Epi from the tuberculin syringe into the Normal Saline flush – mix gently
3. Now you have 10 ml of Epinephrine at a 10 mcg/ml concentration
4. Label the syringe

Adult Cardiac Treatment Guidelines