

Adult Post-ROSC (Return of Spontaneous Circulation) Care

Aliases

None noted

Patient Care Goals

The immediate ROSC period is critical in stabilizing patients and preparing for transport. The goal is therefore to maximize survival and optimize neurologic and cardiovascular function following a return of spontaneous circulation by the following steps:

- Secure airway
- Obtain vascular access
- Maximize blood pressure
- Identify ST-elevation myocardial infarction (STEMI) or reversible causes of arrest
- Recognize pending re-arrest
- Consider appropriate destination choice

Patient Presentation

Inclusion Criteria

Patient returned to spontaneous circulation following cardiac arrest resuscitation

Exclusion Criteria

None noted

Patient Management

Assessment, Treatment, and Interventions

1. Perform general patient assessment attempting to identify cause of cardiac arrest.
2. Support life-threatening problems associated with airway, breathing, and circulation.
 - a. For example, most of the pediatric cardiac arrest occurs due to non-cardiac causes such as respiratory failure (hypoxemia) or shock (hypovolemia).
3. Monitor closely for recurrence of cardiac arrest using clinical and adjunctive criteria such as cardiac monitoring, EtCO₂ monitoring, and physical signs of perfusion
4. Administer oxygen as appropriate with a target of achieving 94–98% saturation.
Do **not** hyperoxygenate.
5. Do **not** hyperventilate. Maintain a ventilation rate of 8–10 breaths per minute, targeting an EtCO₂ of 35–45 mmHg.
6. For hypotension (SBP less than 90 mmHg or MAP less than 65 in adults) see [Shock Guideline](#)
7. Perform serial 12-lead EKGs to assess for evidence of reversible cause of arrest such as STEMI or electrolyte derangement (e.g., hyperkalemia)
8. Post-cardiac arrest patients with evidence or interpretation consistent with ST elevation myocardial infarction (STEMI/acute MI) should be transported preferably to a facility capable of emergent cardiac catheterization or, as a secondary option, to a STEMI receiving facility based upon local resources and system of care
9. Check blood glucose
 - a. If hypoglycemic, treat per [Hypoglycemia Guideline](#)
 - b. If hyperglycemic, notify hospital on arrival