

	EMERGENCY MEDICAL SERVICES AGENCY	POLICY NUMBER	710
	A Division of the Merced County Department of Public Health		
SUBJECT: ADULT TREATMENT PROTOCOLS RETURN OF SPONTANEOUS CIRCULATION (ROSC)		Effective Date	04/2024
Authority: Health and Safety Code, Division 2.5, and California Code of Regulations, Title 22, Division 9, Chapter 4, 1797.220		Initial Date:	07/2022
		Review Date:	04/2026
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I. DEFINITION

Return of Spontaneous Circulation (ROSC) after sudden cardiac arrest from a non-traumatic event.

These patients need to be evaluated for potential STEMI event and transported to the appropriate facility if the patient's condition allows. Any patient who achieves ROSC needs time to stabilize for approximately 5 minutes, as most patients will re-arrest during that time frame. Take time to prepare for transportation, assess the patient, and perform a 12-Lead ECG for proper patient destination.

If ROSC patient was defibrillated at any time and systolic BP is 80 mmHg or greater, transport patient to a STEMI Receiving Center.

II. BLS TREATMENT

OXYGEN	As appropriate, goal to maintain SpO ₂ at least 94%, assist ventilations as necessary.
VITALS	Assess vital signs.
BLOOD SUGAR CHECK	For patients who have ALOC, test blood glucose and if less than 60 mg/dl , treat per <u>EMS Policy #724 Adult Treatment Protocols - Altered Level of Conscious (ALOC) – Syncope</u>

III. ALS TREATMENT

MONITOR	If the 12-Lead ECG reads STEMI or Acute MI or an equivalent; transmit the 12-Lead ECG to appropriate STEMI Receiving Center.
VASCULAR ACCESS	IV/IO rate as appropriate, if patient has a systolic BP < 90 mmHg administer 250 ml fluid boluses to systolic BP > 90 mmHg. Reassess patient after each bolus assessing for signs of fluid overload.
ROSC	If patient loses ROSC begin CPR and treat the patient per <u>EMS Policy #702 Adult Treatment Protocols - Cardiac Arrest.</u>

Signatures on File

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IV. SPECIAL CONSIDERATIONS

IF THE PATIENTS CONDITION DOES NOT IMPROVE CONSIDER USING PUSH DOSE EPINEPHRINE – 10 mcg (1ml) slow IV/IO push every 1-5 minutes for systolic BP less than 90 mmHg and patient is not responding to previous treatment.

PUSH DOSE EPINEPHRINE SOLUTION MIXING INSTRUCTIONS

- Epinephrine 1:10,000 concentration (1 mg/10 ml) and waste 9 ml of Epinephrine
- In same syringe draw 9 ml of normal saline and shake well
- Mixture provides 10 ml of Epinephrine at 10 mcg/ml (0.01 mg/ml) concentration
- Label syringe Epinephrine 10 mcg/ml