MERCED COUNTY EMS AGENCY

POLICY ADULT C5 RETURN OF SPONTANEOUS CIRCULATION (ROSC)

Effective Date: July 15,2022
Last Review: New Policy
Next Review: July 2024

Authority: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

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.

BLS TREATMENT:

OXYGEN: As appropriate, goal to maintain SpO_2 at least 94%. Assist ventilations as necessary.
VITALS: Assess vital signs.
BLOOD SUGAR CHECK: Treat low blood sugar per **Policy Adult M5 ALOC – Syncope.**

ALS TREATMENT:

MONITOR: If 12-Lead ECG reads **STEMI** or **Acute MI** or equivalent; transmit 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.

IF THE PATIENTS CONDITION DOES NOT IMPROVE CONSIDER USING PUSH DOSE **EPINEPHERINE** – 10 mcg (1 ml) 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 **EPINEPHERINE 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 Epi 10 mcg/ml

NOTE: If patient loses ROSC begin CPR and treat the patient per **Policy Adult C1 Cardiac Arrest Protocol**