

Treatment Protocols***Post-Return of Spontaneous Circulation*****Date: 07/01/2025****Policy #9250**

<u>Stable</u>	<u>Unstable</u>
Systolic blood pressure >90mmHg	Systolic blood pressure <90 mmHg and/or signs of poor perfusion
BLS Standing Orders	
<ul style="list-style-type: none"> Universal Patient Protocol Ensure patent airway, administer oxygen and/or ventilate PRN per Airway Policy with goal 10-12 breaths per minute Maintain O₂ saturation > 95% Monitor EtCO₂, O₂ saturation, ECG, blood pressure continuously PRN Keep patient warm • 	<ul style="list-style-type: none"> Universal Patient Protocol Ensure patent airway, administer oxygen and/or ventilate PRN per Airway Policy with goal 10-12 breaths per minute Maintain O₂ saturation > 95% Monitor EtCO₂, O₂ saturation, ECG, blood pressure continuously PRN Immediate transport
LALS Standing Order Protocol	
<ul style="list-style-type: none"> Establish IV if not already obtained EtCO₂, pulse oximetry, blood pressure, and ECG continuous monitoring 	<ul style="list-style-type: none"> Establish IV if not already obtained Begin NS bolus 250-1,000 mL IV to maintain a SBP of \geq 90 mmHg if patient is without rales and there is no evidence of heart failure EtCO₂, pulse oximetry, blood pressure, and ECG continuous monitoring
ALS Standing Order Protocol	
<ul style="list-style-type: none"> Establish IV/IO if not already obtained EtCO₂, pulse oximetry, blood pressure, and ECG continuous monitoring Establish advanced airway per Airway Protocol and ventilate PRN with goal EtCO₂ = 35-45mmHg Obtain 12-lead EKG and transport to closest Imperial County approved receiving STEMI center if within 90 minutes of transport location 	<ul style="list-style-type: none"> Establish IV/IO if not already obtained EtCO₂, pulse oximetry, blood pressure, and ECG continuous monitoring Establish advanced airway per Airway Protocol and ventilate PRN with goal EtCO₂ = 35-45mmHg Begin NS bolus 250-1,000 mL IV/IO to maintain a SBP of \geq 90 mmHg if patient is without rales and there is no evidence of heart failure For fluid resistant hypotension or lungs not clear, push-dose epinephrine 1.0 mL (10 mcg) IV/IO every 3 minutes titrated to maintain systolic blood pressure > 90 mmHg BH Obtain 12-lead EKG and transport to closest Imperial County approved receiving STEMI center if within 90 minutes of transport location

Treatment Protocols***Post-Return of Spontaneous Circulation*****Date: 07/01/2025****Policy #9250****Base Hospital Orders****BH**

- Repeat NS IV/IO bolus

BH

- Push dose epinephrine PRN for hypotension refractory to IVF
 - A. Take Epinephrine 1 mg out of 0.1 mg/ml preparation (Cardiac 1:10,000 Epinephrine) and waste 9 ml of Epinephrine
 - B. In that syringe, draw 9 ml of NS from patient's IV bag and shake well. Mixture now provides 10 ml of Epinephrine at a 0.01 mg/ml (10mcg/ml) concentration
 - C. If patient meets indications and has approval from BH, administer Epinephrine 1.0 mL (10 mcg) IV/IO every 3 minutes to titrate to a systolic blood pressure > 90 mmHg

APPROVED:**SIGNATURE ON FILE – 07/01/25**

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