



# Yolo County Emergency Medical Services Agency

## Protocols

Revised Date: June 1, 2023

POST RESUSCITATION CARE	
Adult	Pediatric
<b>BLS</b>	
Assess vital signs O <sub>2</sub> , titrate SpO <sub>2</sub> to ≥ 94% Assist ventilations as needed Avoid hyperventilation Temperature	
<b>BLS Local Scope</b>	
Blood Glucose Check	
<b>ALS</b>	
Cardiac Monitor, Waveform EtCO <sub>2</sub> , Vascular Access 12-Lead ECG (required on all ROSC patients)	
<p><u>BP &lt; 90 &amp; HR &gt; 50 BPM</u></p> <p><b>Fluid Bolus NS 250 mL IV/IO</b></p> <ul style="list-style-type: none"><li>• May repeat as needed</li></ul> <p><u>BP &lt; 90 &amp; HR &lt; 50 BPM</u></p> <p><b>Atropine 1 mg IV/IO</b></p> <ul style="list-style-type: none"><li>• May repeat every 3 - 5 minutes</li><li>• Max dose 3 mg</li></ul> <p><u>If no response, consider</u></p> <p><b>PUSH DOSE Epinephrine (1:100,000)</b></p> <ul style="list-style-type: none"><li>• <b>1 mL every 1-5 minutes</b> Titrate to SBP &gt; 90</li></ul> <p><b>Consider Transcutaneous Pacing</b></p> <p><u>VF/VT ROSC</u></p> <p>*Only give Amiodarone if not previously administered during initial resuscitation</p> <p><b>Amiodarone Drip 150 mg in D5W 100 mL IV/IO</b> (100 gtt/min with 10 gtt/mL set)</p> <ul style="list-style-type: none"><li>• Give over 10 minutes</li><li>• No repeat</li></ul>	<p><u>Signs of hypoperfusion</u></p> <p><b>Fluid Bolus NS 20 mL/kg IV/IO</b></p> <ul style="list-style-type: none"><li>• Titrate to age appropriate SBP</li></ul> <p>* Sustain normothermia</p>



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#### Direction

- Transport to a STEMI Receiving Center
  - DO NOT divert from STEMI Center if patient re-arrests, continue to the STEMI Receiving Center
- Transmit 12-Lead ECG to Receiving ED
- Consider sedation if the patient is combative
- Contact Base Hospital for additional treatment