



History and Physical:

Historical Findings	Physical Findings
<ul style="list-style-type: none">Post cardiac arrest	<ul style="list-style-type: none">Patient with spontaneous circulation (palpable carotid/radial pulse) AFTER being treated for any non-perfusing rhythm

Assessment:

- Cardiac Assessment

Clinical Management Options:

Interventions/Post-ROSC checklist	Pharmacology
<ul style="list-style-type: none">Remove ResQPOD® ITDConsider advanced airwayInitiate Targeted Temperature ManagementIV fluid and vasopressor for hypotensionTitrate FiO2 to SpO2 ≥ 94%12-Lead EKG<ul style="list-style-type: none">ROSC Cath Activation if appropriateSTEMI Alert if appropriate	<ul style="list-style-type: none">Amiodarone if VF/VT arrest: total (on-board) loading dose of 300 mg IV over 10 minutes. AND THENAmiodarone maintenance infusion 1 mg/minuteEpinephrine infusion 2-10 mcg/minute<ul style="list-style-type: none">Use IV PumpMix 1mg in 100mlTitrate to MAP>65 or SBP >90Start at 2mcg/minuteEpinephrine Push Dose 20mcg q2 min PRN<ul style="list-style-type: none">Titrate to MAP >65 or SBP >90Utilize if Epinephrine infusion unavailable or delayedSedation Management

Consult:

- Consider DSI if patient requires intubation and unable to intubate without pharmacological assistance



ROSC Cath Activation

Inclusion Criteria:

- 5 minutes sustained ROSC
- ROSC obtained in first 30 minutes of resuscitation efforts
- Age <80
- VF/VT Arrest

Exclusion Criteria:

- ESRD (End Stage Renal Disease)
- Skilled Nursing Facilities or Long Term Acute Care
- Known Terminal Diagnosis
- Non-Cardiac Etiology (Trauma, Asphyxia, Drowning, Overdose)
- Fever

Best Practices:

- Multiple IV/IO access points
- Targeted Temperature Management- Emphasis on fluid administration
- Pressors

“ACT”:

- **A**ssess for unfavorable features
- **C**ath Lab Activation
- **T**ransport, Tissue Perfusion, Temperature Management