

# Cardiac Arrest - Post Resuscitation (ROSC)

**History**

- Respiratory arrest
- Cardiac arrest

**Signs and Symptoms**

- Return of spontaneous circulation

**Differential**

- Continue to address specific differentials associated with the original dysrhythmia

E	Repeat primary assessment
	<b>Optimize ventilation and oxygenation</b> <ul style="list-style-type: none"> <li>• Maintain SpO<sub>2</sub> ≥ 92%</li> <li>• Maintain respiratory rate between 6 – 10/minute for EtCO<sub>2</sub> 35 – 45</li> <li>• <b>DO NOT HYPERVENTILATE</b></li> <li>• Apply mechanical CPR device (if available)</li> </ul>
	Monitor vital signs
P	Advanced airway placement, <i>if indicated</i>
	<b>Obtain 12-Lead ECG</b>
	Establish IO/IV
	If systolic BP < 90 <b>Normal Saline bolus 500ml IV/IO</b> <i>Maximum 2L</i>
	If systolic BP < 90 <b>Dopamine</b>

**Approved STEMI Receiving Centers**

- Stanford Health Care
- Kaiser Redwood City
- Sequoia Medical Center
- Mills-Peninsula Medical Center
- Seton Medical Center

**Transport to STEMI Receiving Center**

Yes → **Bradycardia**

Symptomatic Bradycardia?

No

**Notify receiving facility.  
Consider Base Hospital  
for medical direction**

**Pearls**

- Transmit any EKG that shows STEMI to the receiving hospital.