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

**Repeat primary assessment**
- Optimize ventilation and oxygenation
  - Maintain SpO₂ ≥ 92%
  - Maintain respiratory rate between 6 – 10/minute for EtCO₂ 35 – 45
  - DO NOT HYPERVENTILATE
  - Apply mechanical CPR device (if available)
- Monitor vital signs
- Advanced airway placement, if indicated
- Obtain 12-Lead ECG
- Establish IO/IV
- If systolic BP < 90
  - Normal Saline bolus 500ml IV/IO
  - Maximum 2L
- If systolic BP < 90
  - Dopamine

**Transport to STEMI Receiving Center**

**Bradycardia**

- Yes
  - Symptomatic Bradycardia?
    - No
      - Notify receiving facility. Consider Base Hospital for medical direction
    - Yes
      - Establish IO/IV
      - Obtain 12-Lead ECG
      - Dopamine
      - Normal Saline bolus 500ml IV/IO
      - Maximum 2L

**Approved STEMI Receiving Centers**
- Stanford Health Care
- Kaiser Redwood City
- Sequoia Medical Center
- Mills-Peninsula Medical Center
- Seton Medical Center

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