### 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

#### Signs and Symptoms
- Return of spontaneous circulation

#### Repeat primary assessment

<table>
<thead>
<tr>
<th>Optimize ventilation and oxygenation</th>
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</thead>
<tbody>
<tr>
<td>Maintain SpO₂ ≥ 92%</td>
</tr>
<tr>
<td>Maintain respiratory rate between 6 – 10/minute for EtCO₂ 35 – 45</td>
</tr>
<tr>
<td>DO NOT HYPERVENTILATE</td>
</tr>
<tr>
<td>Apply mechanical CPR device (if available)</td>
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</tbody>
</table>

#### 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

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

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

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**Effective April 2022**