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 IV; if unable, establish IO**

- 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**

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

**Pearls**
- IV access, including EJ, must be attempted. If unsuccessful, then attempt IO.
- Transmit any EKG that shows STEMI to the receiving hospital.