

Cardiac Arrest - Post Resuscitation (ROSC)

History

- Respiratory arrest
- Cardiac arrest

Signs and Symptoms

- Return of spontaneous circulation

Differential

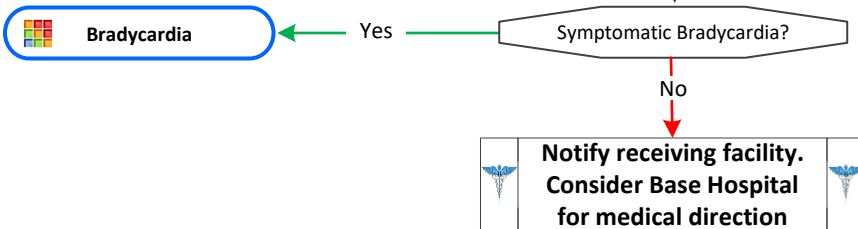
- Continue to address specific differentials associated with the original dysrhythmia

Approved STEMI Receiving Centers

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

E	Repeat primary assessment
	Optimize ventilation and oxygenation <ul style="list-style-type: none"> • 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
P	Advanced airway placement, <i>if indicated</i>
	Obtain 12-Lead ECG
	Establish IV; if unable, establish IO
	If systolic BP < 90 Normal Saline bolus 500ml IV/IO <i>Maximum 2L</i>
	If systolic BP < 90 Dopamine

Transport to STEMI Receiving Center



Adult Cardiac Arrest – Non-traumatic Treatment Protocols

Pearls

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