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 ≥ 94%
- Maintain respiratory rate between 10-20/minute for EtCO₂ 35 – 45
- DO NOT HYPERVENTILATE

Monitor vital signs

If greater than Broselow Tape length, Advanced airway placement if indicated

Obtain 12-Lead ECG

Establish IO/IV

If hypotensive
Normal Saline bolus IV/IO
Use Broselow Tape; refer to dosing guide
May repeat x2

Pearls
- Hyperventilation is a significant cause of hypotension/recurrence of cardiac arrest in the post resuscitation phase and should be avoided.
- Hypotension is age dependent. This is not always reliable and should be interpreted in context with the patient’s typical BP, if known. Shock may be present with a seemingly normal blood pressure initially. Hypotension is defined as:
  - Neonate: < 60mmHg or weak pulses
  - Infant: < 70mmHg or weak pulses
  - 1-10 years: < 70mmHg + (age in years x2)
  - Over 10 years: < 90mmHg

Notify receiving facility.
Consider Base Hospital for medical direction

Hospitals with Pediatric Critical Care Units
Stanford
UCSF Mission Bay
CPMC Van Ness Campus