

# Post Resuscitation (ROSC)

**History**

- Respiratory arrest
- Cardiac arrest

**Signs and Symptoms**

- Return of spontaneous circulation

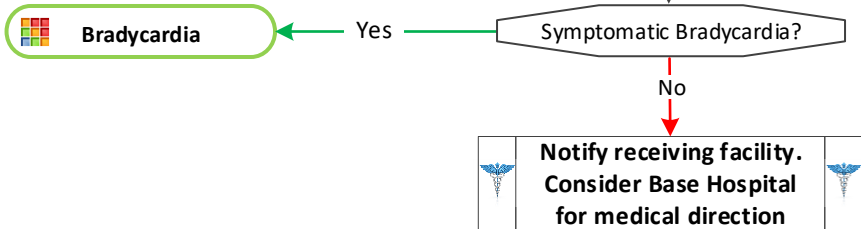
**Differential**

- Continue to address specific differentials associated with the original dysrhythmia

**Hospitals with  
Pediatric Critical Care  
Units**

Stanford  
UCSF Mission Bay  
CPMC Van Ness Campus

E	Repeat primary assessment
	<b>Optimize ventilation and oxygenation</b>
	<ul style="list-style-type: none"> <li>• Maintain SpO<sub>2</sub> ≥ 92%</li> <li>• Maintain respiratory rate between 10-20/minute for EtCO<sub>2</sub> 35 – 45</li> <li>• DO NOT HYPERVENTILATE</li> </ul>
P	Monitor vital signs
	Obtain 12-Lead ECG
	Establish IO/IV
	If hypotensive <b>Normal Saline bolus IV/IO</b> <i>Use Broselow Tape; refer to dosing guide</i> <b>May repeat x2</b>



**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