

Pediatric Post Resuscitation (ROSC)

History

- Respiratory arrest
- Cardiac arrest

Signs and Symptoms

- Return of spontaneous circulation

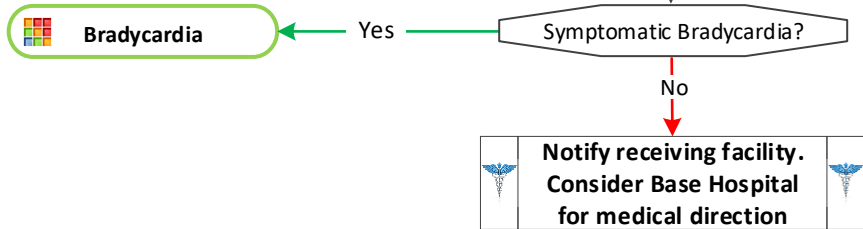
Differential

- Continue to address specific differentials associated with the original dysrhythmia

**Hospitals with
Pediatric Critical Care
Units**

Stanford
UCSF Mission Bay
CPMC Van Ness Campus

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| E | Repeat primary assessment |
| | Optimize ventilation and oxygenation <ul style="list-style-type: none"> • Maintain SpO₂ ≥ 92% • Maintain respiratory rate between 10-20/minute for EtCO₂ 35 – 45 • DO NOT HYPERVENTILATE |
| | Monitor vital signs |
| P | Obtain 12-Lead ECG |
| | Establish IO/IV |
| | If hypotensive Normal Saline bolus IV/IO <i>Use Broselow Tape; refer to dosing guide</i> 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