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

**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

**Effective November 2018**

**Effective April 2024**

**Repeat primary assessment**

**Optimize ventilation and oxygenation**
- Maintain SpO₂ ≥ 92%
- Maintain respiratory rate between 10-20/minute for EtCO₂ 35 – 45
- DO NOT HYPERVENTILATE

**Monitor vital signs**

**Obtain 12-Lead ECG**

**Establish IO/IV**

If hypotensive

- **Normal Saline bolus IV/IO**
  - Use length-based tape; refer to dosing guide
  - May repeat x2

**Bradycardia?**

- Yes

  **Symptomatic Bradycardia?**

- No

  **Notify receiving facility. Consider Base Hospital for medical direction**

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