

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

Worsening bradycardia in ROSC patients may indicate impending rearrest

E	Repeat primary assessment
	Optimize ventilation and oxygenation <ul style="list-style-type: none"> • Maintain SpO₂ ≥ 94% • Maintain respiratory rate between 6 – 10/minute for EtCO₂ 35 – 45 • DO NOT HYPERVENTILATE
	Monitor vital signs
	Advanced airway placement, <i>if indicated</i>
P	Obtain 12-Lead ECG
	Establish IO/IV
	Normal Saline bolus 500ml IV/IO May repeat as needed if lungs are clear
	<i>Systolic BP < 90</i> Push Dose Epi 1 ml (10 mcg) IV/IO every 3 min Titrate to a Systolic BP > 90
	Cycle Blood Pressure every 3 minutes

- Approved STEMI Receiving Centers**
- John Muir – Concord
 - John Muir – Walnut Creek
 - Kaiser – Walnut Creek
 - San Ramon Regional
 - Sutter Delta
 - Highland – Oakland
 - Kaiser - Oakland
 - Kaiser – Vallejo
 - Marin General
 - Summit – Oakland
 - Valley Care - Pleasanton

Transport to STEMI Receiving Center

Notify receiving facility. Contact Base Hospital for medical direction, as needed.

1:1000 Epinephrine
Mixing Instructions

NEED:
1:1000 Epinephrine ampule
tuberculin syringe
10ml Normal Saline flush

1. Draw up 0.1ml (1 ml/mg) of 1:1000 Epi in the tuberculin syringe
2. Add the 1:1000 Epi from the tuberculin syringe into the Normal Saline flush - mix gently
3. Now you have 10mL of Epinephrine at a 0.01mg/mL (10mcg/mL) concentration
4. Label the syringe

1:10,000 Epinephrine
Mixing Instructions

NEED:
1:10000 Epinephrine pre-load
10 ml Normal Saline flush

1. Waste 1 ml from Normal Saline Flush
2. Draw 1 ml of 0.1mg/mL (Epi 1:10000) from pre-load into Normal Saline Flush – mix gently
3. Now you have 10 mL of Epinephrine at a 0.01mg/mL (10mcg/mL) concentration
4. Label the syringe

Adult Cardiac Treatment Guidelines

