



## RETURN OF SPONTANEOUS CIRCULATION (ROSC) - MEDICAL

### ADULT

### PEDIATRIC

#### BLS Procedures

Secure Airway.  
Assess Vitals every 2 to 3 minutes.  
Oxygen. Titrate SP02 to 94% or higher.  
Avoid hyperventilation.  
Obtain blood glucose level.

#### ALS Standing Orders

Follow BLS procedures if applicable.  
Obtain ETCO2.  
Obtain 12-lead. – Required on all ROSC patients. Obtain ECG 7-10 minutes post arrest. Do not delay transport solely for obtaining an ECG.  
IV/IO Access.  
Transport all ROSC patients to a STEMI Receiving Center.  

- Divert from STEMI Center to the closest facility if patient re-arrests.
- Transmit 12-Lead ECG to Receiving ED.

#### Hypotension With NO Associated Bradycardia

*HR greater than 50 bpm, AND If BP less than 90 mmHg.*

**Push Dose Epinephrine 20 mcg IV/IO**

- May repeat every 3 minutes, to achieve sustained blood pressure of at least 90 mmHg.

**AND**

**NS/LR 250 mL IV/IO**

- May repeat as needed.
- Maximum 1,500 ml

#### Hypotension WITH associated Bradycardia

*If BP less than 90 mmHg, AND HR less than 50 bpm:*

**Push Dose Epinephrine 20 mcg IV/IO**

- May repeat every 3 minutes, to achieve sustained blood pressure of at least 90 mmHg.

**AND**

**Atropine 1 mg IV/IO**

- May repeat every 3 minutes.
- Max dose 3 mg.

*If no response, consider:*

**Transcutaneous Pacing**

- Pace at 70 bpm, increase joules until confirmed mechanical capture.

#### Pulsing Wide Complex Tachycardia ROSC

**Synchronized Cardioversion 200j**

- May repeat as necessary.

**Amiodarone Drip 150 mg in NS 100 mL IV/IO**

- Administer over 10 minutes.
- No repeat.

*Only administer Amiodarone if not previously administered during initial resuscitation.*

#### ANY Associated Hypotension

*Defined as any SBP lower than the listed range:*

Normal Vital Signs				
Age	SBP	MAP	HR	RR
NB	60-100	>30	100-160	30-60
4MO	70-100	>30	105-160	30-60
6MO	70-100	>30	110-160	24-38
1	72-105	>30	90-150	22-30
2	74-110	>35	58-140	22-30
3	76-115	>39	85-140	22-30
4	78-115	>42	75-120	22-26
5	80-115	>45	70-115	20-24
6	82-120	>47	70-115	20-24
7	84-120	>50	70-110	16-22
8	86-120	>50	70-110	16-22
9	88-120	>50	65-105	16-22
10+	90-120	>50	60-100	16-22

**NS/LR 20 mL/kg IV/IO**

- May repeat to achieve sustained age appropriate SBP.

**AND**

**Push Dose Epinephrine 0.01 mg/kg IV/IO**

- May repeat every 3 minutes.

#### Special Considerations

When managing hypotension in ROSC patients, do not hesitate to administer Push Dose Epinephrine.

#### Base Hospital Orders Only

Contact Base Hospital as needed, or for treatment that exceeds written protocol.