



RETURN OF SPONTANEOUS CIRCULATION (ROSC) - MEDICAL

ADULT

PEDIATRIC

BLS Procedures

- Secure Airway.
- Assess Vitals every 2 to 3 minutes.
- Oxygen, Titrate SPO2 to 94% or higher.
- Avoid hyperventilation.
- Obtain blood glucose level.

DO NOT MOVE THE PATIENT FOR AT LEAST 5 MINUTES

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 to obtain an ECG.
- IV/IO Access.
- Transport all ROSC patients to a STEMI Receiving Center.
 - Continue to STEMI Center if patient re-arrests.
 - Transmit 12-Lead ECG if STEMI.

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.

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 10 mcg IV/IO
 - May repeat every 3 minutes as needed.

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.