### History
- Respiratory arrest
- Cardiac arrest

### Signs and Symptoms
- Return of spontaneous circulation

### Differential
- Continue to address specific differentials associated with the original dysrhythmia

---

#### Bradycardia TG
- Yes
- Symptomatic Bradycardia?
- No

**E**
- Repeat primary assessment
- Optimize ventilation and oxygenation
  - Maintain $\text{SpO}_2 \geq 94\%$
  - Maintain respiratory rate between 6 – 10/minute for $\text{EtCO}_2$ 35 – 45
  - DO NOT HYPERVENTILATE
- Monitor vital signs
- Advanced airway placement, *if indicated*
- Obtain 12-Lead ECG
- Establish IO/IV
- If systolic BP < 90
  - *Normal Saline bolus 500ml IV/IO*
  - May repeat as needed if lungs are clear
  - Maximum 2L

**P**
- Consider sedation if advanced airway in place
  - *Midazolam 2.5mg IV/IO*
  - May repeat in 3 – 5 minutes as needed
  - Monitor for hypotension
- Consider pain control if advanced airway in place
  - *Fentanyl 25 – 100mcg IV/IO*
  - May repeat 25mcg every 20 minutes as needed
  - Maximum 200mcg

**Transport to STEMI Receiving Center**

---

#### 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

---

**Notify receiving facility.**
- Contact Base Hospital for medical direction