### History
- Respiratory arrest
- Cardiac arrest

### Signs and Symptoms
- Return of spontaneous circulation

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

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#### Symptoms and Treatments

**Hypotension**
- Repeat primary assessment
- **Optimize ventilation and oxygenation**
  - Maintain $\text{SpO}_2 \geq 94\%$
  - Maintain respiratory rate of 10/minute for $\text{ETCO}_2$ 35 – 45
  - Remove impedance threshold device, if used
  - **DO NOT HYPERVENTILATE**
- **Monitor vital signs**
- **Consider, Advanced Airway placement**
  - *For patients > 40kg*
    - Intubate with ETT as indicated
  - *For patients > 4ft and > 40kg*
    - Place King Airway as indicated
- **Establish IV/IO**

**Pediatric Bradycardia TG**
- **Yes**
  - **Normal Saline bolus IV/IO**
    - Use Pediatape and refer to dosing guide

**Pediatric Diabetic TG**
- **Yes**
  - **Consider, sedation if advanced airway in place**
    - Midazolam IV/IO
    - Use Pediatape and refer to dosing guide
    - Monitor for hypotension

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#### Pearls
- Hyperventilation is a significant cause of hypotension/recurrence of cardiac arrest in the post resuscitation phase and must be avoided at all costs.