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

**Repeat primary assessment**

**Optimize ventilation and oxygenation**
- Maintain SpO₂ ≥ 94%
- Maintain respiratory rate between 6 – 10/minute for EtCO₂ 35 – 45
- **DO NOT HYPERVENTILATE**

**Monitor vital signs**

**Advanced airway placement, if indicated**

**Obtain 12-Lead ECG**

**Establish IO/IV**

**Normal Saline bolus 500ml IV/IO**
- May repeat as needed if lungs are clear

**Systolic BP < 90**
- **Push Dose Epi 1 ml (10 mcg) IV/IO every 3 min**
- Titrate to a Systolic BP > 90

**Cycle Blood Pressure every 3 minutes**

**Transport to STEMI Receiving Center**

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

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**Worsening bradycardia in ROSC patients may indicate impending rearrest**

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**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

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**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

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