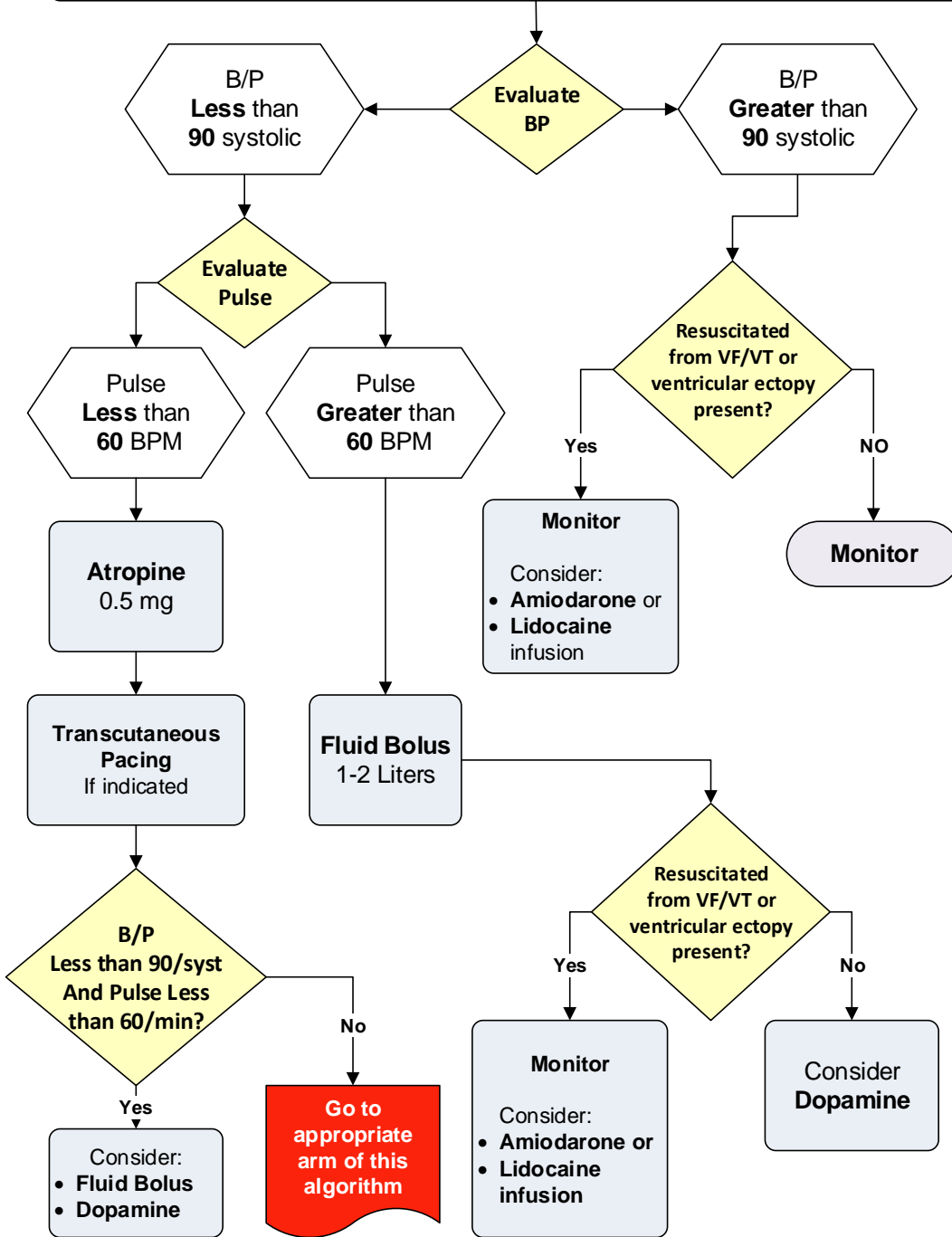


05-0311 – Return of Spontaneous Circulation ROSC

- BLS**
- Monitor and support ABC's
 - Confirm palpable carotid pulse and auscultated blood pressure
 - Optimize ventilation and oxygenation Maintain oxygen saturation >94% DO NOT HYPERVENTILATE
 - Consider perilaryngeal airway if approved
 - Check blood sugar
 - STABILIZE for 5-10 minutes prior to moving and transport
- ALS**
- Consider advanced airway
 - Waveform capnography (target ETCO2 35-40 mm Hg)
 - Perform a 12 lead EKG



- Doses/Details**
- Ventilation/Oxygenation**
 Avoid excessive ventilation. Start at 10-12 breaths/min and titrate to target ETCO2 of 35-40 mmHg. Maintain Spo2 at least 94%. Use Sidestream if spontaneously breathing
- IV Bolus**
 1-2 L 0.9% Normal saline
- Atropine**
 0.5 mg IV/IO May repeat q 3-5 mins prn. Max dose is 3 mg
- Dopamine IV Infusion**
 5-10 mcg/kg per minute
- Amiodarone IV Infusion**
 Mix 450 mg Amiodarone in 250 ml D5W (not NS) administer at 1 mg/min.
- Lidocaine Infusion**
 2-4 mg/min
- Reversible Causes (Policy #04-0306)**
 Hypovolemia
 Hypoxia
 Hydrogen ion (acidosis)
 Hypo-/hyperkalemia
 Hypothermia
 Tension pneumothorax
 Tamponade, cardiac
 Toxins
 Thrombosis, pulmonary
 Thrombosis, coronary
- Transcutaneous Pacing (Policy #04-0309)**
 Begin at 80 bpm 0mA:
 Increase in increments of 10 mA until capture is obtained then increase the output level by 10%
 If capture is maintained But the patient remains Symptomatic consider Increasing the rate by 10 bpm to a maximum of 100 bpm.

Consider transport to a PCI capable facility if < 45 min transport time.
 Consider Air Ambulance transport