Cardiac Arrest – Return of Spontaneous Circulation (ROSC)

This protocol should be followed for all adult cardiac arrests with ROSC. If an arrest is of a known traumatic origin refer to the **Trauma Protocol** and **MCA Transport Protocol**. If it is unknown whether the arrest is traumatic or medical, continue with this protocol.

Pre-Medical Control

MFR/EMT/SPECIALIST

1. If ventilation assistance is required, ventilate at 10-12 breaths per minute. Do not hyperventilate.
2. Reassess patient, if patient becomes pulseless begin CPR and follow **Adult** or **Pediatric Cardiac Arrest General Protocol**.
3. Monitor vital signs.
4. Initiate ALS response if available.

SPECIALIST

5. Start an IV/IO NS KVO**.**
6. Treat hypotension (SBP less than 90 mm/Hg) with an IV/IO fluid bolus consistent with **Shock Protocol**.

PARAMEDIC

7. Perform 12- lead ECG
8. Consider treatable causes
9. If ventilation assistance is required with an advanced airway in place and quantitative waveform capnography is available target PETCO2 of 35-40 mm Hg.
10. Transport to a facility capable of Percutaneous Coronary Intervention (PCI) and therapeutic hypothermia where available per MCA protocol.

Post-Medical Control

PARAMEDIC

11. If hypotension persists after IV/IO fluid bolus, administer Dopamine 5-20 mcg/kg/min. Mix drip by putting Dopamine 400 mg in 250 ml NS.

Notes:

If a mechanical ventilator is available or there are spontaneous respirations in the non-intubated patient titrate inspired oxygen on the basis of monitored oxyhemoglobin saturation to maintain a saturation of ≥94% but <100%.

- This protocol should be followed for all adult cardiac arrest patients with ROSC. If an arrest is if a known traumatic origin, refer to the **Trauma Protocol** and **MCA Transport Protocol.** If it is unknown whether the arrest is traumatic or medical, continue with this protocol.

↓

- If the patient becomes pulseless, begin CPR and follow the **Adult or Pediatric Cardiac Arrest - General Protocol.**

↓

- Perform 12 – lead ECG
- Consider treatable causes.
- If ventilation assistance is required with an advanced airway in place and quantitative waveform capnography if available, target PETCO2 of 35 – 40 mm Hg.
- Transport to a facility capable of Percutaneous Coronary Intervention (PCI) and theraputic hypothermia where available per MCA protocol.

↓

CONTACT MEDICAL CONTROL

↓

- If hypotension persists after IV/IO fluid bolus administer Dopamine 5-20 mcg/kg/min.
- Mix drip by putting Dopamine 400 mg in 250 ml NS

Notes:
If a mechanical ventilator is available or there are spontaneous respirations in the non-intubated patient titrate inspired oxygen on the basis of monitored oxyhemoglobin saturation to maintain a saturation of ≥94% but <100%.