RETURN OF SPONTANEOUS CIRCULATION (ROSC)  
ALS

ALWAYS USE STANDARD PRECAUTIONS

INDICATION

- The presence of a palpable pulse and/or blood pressure for at least 30 seconds after cardiac arrest

PHYSICIAN CONSULT

- If SBP < 80, obtain physician consult for Push-dose Epinephrine

TREATMENT

- ALS RMC
  - Maintain oxygen saturation 94%-99%
  - ETCO₂ if available
  - Avoid excessive ventilation. Start at 10-12 breaths/min and titrate to target ETCO₂ 35-40 mm Hg
  - 12-lead ECG / Early Notification if STEMI
  - Elevate head 30° if patient is conscious
  - Transport to nearest available STEMI Receiving Center
  - For BP < 80 mm Hg:
    - NS 1-2 liter bolus; if no improvement, PHYSICIAN CONSULT for Push-dose Epinephrine:
    - Mix 1mL Epinephrine 0.1mg/mL with 9mL Normal Saline in a 10mL syringe
    - Administer Push-dose Epinephrine 1mL IV/IO every 3-5 minutes
    - Titrate to maintain a SBP >80mmHg
    - Monitor blood pressure every five minutes

SPECIAL CONSIDERATION

- Consider and treat possible contributing factors:
  - Hypovolemia
  - Hypoxemia
  - Hydrogen ion (acidosis)
  - Hypo/Hyperkalemia
  - Hypoglycemia
  - Hypothermia
  - Toxins (overdoses)
  - Tamponade, cardiac
  - Tension pneumothorax
  - Thrombosis (coronary / pulmonary)
  - Trauma

DOCUMENTATION- ESSENTIAL ELEMENTS

- Cardiac rhythm documentation
- 12-lead findings

RELATED POLICIES/ PROCEDURES

- 12-lead Electrocardiogram ALS PR 12
- Destination Guidelines GPC 4