

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:

<ul style="list-style-type: none"> ▪ Hypovolemia ▪ Hypoxemia ▪ Hydrogen ion (acidosis) ▪ Hypo/Hyperkalemia ▪ Hypoglycemia ▪ Hypothermia 	<ul style="list-style-type: none"> ▪ Toxins (overdoses) ▪ Tamponade, cardiac ▪ Tension pneumothorax ▪ Thrombosis (coronary / pulmonary) ▪ Trauma
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DOCUMENTATION- ESSENTIAL ELEMENTS

- Cardiac rhythm documentation
- 12-lead findings

RELATED POLICIES/ PROCEDURES

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