



Resuscitation
ROSC - RETURN OF SPONTANEOUS CIRCULATION
Practice Guideline

Patient Care Goals:

1. Optimize neurologic and other function following a return of spontaneous circulation following resuscitated cardiac arrest.
2. Provide timely therapy to prevent subsequent cardiorespiratory collapse through optimal ventilation and hemodynamic support, as many ROSC patients will re-arrest.

Patient Presentation:
Inclusion Criteria
 All patients resuscitated from a presumed medical cardiac arrest.
Exclusion Criteria
 Resuscitation from traumatic cardiac arrest; see Trauma Arrest protocol.

Medications:
Normal saline
20 mL/kg N/IO bolus
Deliver fluid bolus via pressure bag
Second IV/IO

Norepinephrine (weight-based dosing)
 •Adult (≥40 kg):
Start at 0.1 mcg/kg/min (80 kg pt = 30 gtts/min)
 Aggressive q 2 min, increase by 8 gtts
Max at 0.5 mcg/kg/min (80 kg pt = 150 gtts/min)
 •Pediatric (<40 kg) *OLMC order*
Refer to Medication List for infusion rate
 (expect similar dosing ranges and aggressive titration as adults)

Quality Improvement:
 Key Documentation Elements

1. Respiratory rate
2. Capnography
3. Blood pressure support
4. Pt weight
5. Sedation
6. 12 Lead ECG

Patient Safety Considerations

1. Common causes of post-resuscitation hypotension include hyperventilation, hypovolemia, and pneumothorax
2. Should re-arrest occur enroute, continue to follow ventilation and hypotension recommendations; proximity to receiving hospital should be considered. Ensure safe and high quality CPR; mechanical CPR device is encouraged.

