



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 IV/IO bolus.

Norepinephrine:
Adult (≥40 kg)
8 to 12 mcg/min infusion
Refer to medication list for drip rate

Pediatric (<40 kg)
On Line Medical Control required
Refer to medication list for drip rate

Quality Improvement:
Key Documentation Elements

1. respiratory rate
2. capnography
3. blood pressure support
4. sedation
5. 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.

