



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)

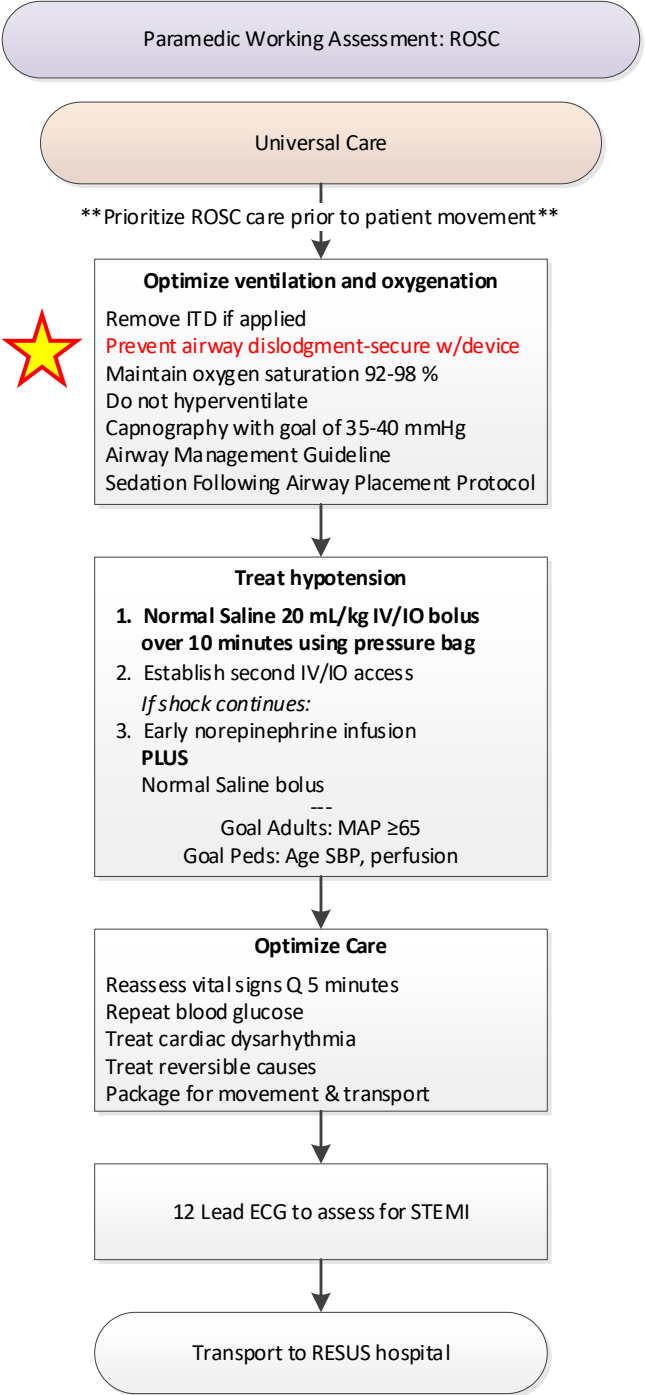
Quality Improvement

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.



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