Post Resuscitation (ROSC)

History
- Respiratory arrest
- Cardiac arrest

Signs and Symptoms
- Return of spontaneous circulation

Differential
- Continue to address specific differentials associated with the original dysrhythmia

**Repeat primary assessment**

**Optimize ventilation and oxygenation**
- Maintain SpO2 ≥ 94%
- Maintain respiratory rate between 6 – 10/minute for EtCO2 35 – 45
- DO NOT HYPERVENTILATE

**Monitor vital signs**

**Advanced airway placement, if indicated**

**Optimize ventilation and oxygenation**
- Maintain SpO2 ≥ 94%
- Maintain respiratory rate between 6 – 10/minute for EtCO2 35 – 45
- DO NOT HYPERVENTILATE

**Consider sedation if advanced airway in place**
- Midazolam 2.5mg IV/IO
- May repeat in 3 – 5 minutes as needed
- Monitor for hypotension

**Consider pain control if advanced airway in place**
- Fentanyl 25 – 100mcg IV/IO
- May repeat 25mcg every 20 minutes as needed
- Maximum 200mcg

**Notify receiving facility**
- Contact Base Hospital for medical direction

**Transport to STEMI Receiving Center**

**Bradycardia TG**

Yes

Symptomatic Bradycardia?

No

**Approved STEMI Receiving Centers**
- John Muir – Concord
- John Muir – Walnut Creek
- Kaiser – Walnut Creek
- San Ramon Regional
- Sutter Delta
- Highland – Oakland
- Kaiser – Vallejo
- Marin General
- Summit – Oakland
- Valley Care – Pleasanton

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