

POST RESUSCITATION

History
 ✓ Respiratory arrest
 ✓ Cardiac arrest

Signs/Symptoms
 ✓ Return of pulse

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

Start 10 Minute Timer

Repeat Primary Assessment

Optimize Ventilation and Oxygenation

- ✓ Maintain SpO2 = 94-96%
- ✓ Advanced airway, if indicated
- ✓ Resp Rate 8-10/minute
- ✓ **DO NOT** hyperventilate
- ✓ ETCO2 monitoring
- ✓ Consider second IV line

Monitor vital signs/12 - Lead

Normal Saline Bolus 1-2 L IV/IO, if lungs clear

If rales, dopamine 5 mcg/kg/min IV/IO titrate to max dose of 20 mcg/kg/min Target systolic BP of 90

Hypotension
 Systolic BP < 90

STEMI/
 Suspicion of MI

Chest Pain and STEMI Protocol
 STEMI EMS Triage and Destination Plan

Post ROSC Arrhythmia

Follow rhythm appropriate protocol

Consider sedation
 Use only with definitive airway in place

Consider midazolam, 1-2 mg q 3 min. IV/IM/IO. Up to a max dose of 6 mg.

Notify Destination or Contact Medical Control
Identify patient as "Cardiac Post Arrest"