



Post Cardiac Arrest Care (ROSC)



- Maintain saturation $\geq 93\%$
- Optimize minute ventilation while avoiding hyperventilation.
Target ETCO₂ of 35 to 45 mmHg
- Obtain 12 lead ECG when feasible

SBP <90 mmHg or MAP <65
 Peds (<10y) SBP < (70 + [2 x age]) mmHg

Normal saline (Max 2L) administered IV/IO. Titrate based on clinical assessment.
 Peds: 10-20 mL/kg 0.9 NS x 3
 AND
 Initiate norepinephrine at 0.05mcg/kg/min - 2mcg/kg/min
 Peds: Norepinephrine 0.05mcg/kg/min. - 2mcg/kg/min

Persistent hypotension

Initiate epinephrine at 0.05mcg/kg/min. - 1mcg/kg/min
 Peds: starting at 0.05mcg/kg/min. - 1mcg/kg/min

- CLINICAL PEARLS

 - No Prophylactic antiarrhythmics
 - Assess for reversible causes 5H's/5T's
 - Hypovolemia
 - Hypoxia
 - Hydrogen Ions (acidosis)
 - Hypo/hyperkalemia
 - Hypothermia
 - Tension pneumothorax
 - Tamponade, cardiac
 - Toxins
 - Thrombosis, pulmonary
 - Thrombosis, coronary
 - Assess for seizures
 - Treat hyperthermia aggressively

This guideline does not substitute for sound clinical judgment.

DocuSigned by: Approved by: <u>Nick Lehouillier, RN, Chief Flight Nurse</u> <small>932559803B344D7</small>	Signed by: 9/22/2025 9:22:56 AM CDT <u>William B. Weir, MD, Medical Director</u> <small>9AB737EFA8AB0426</small>
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Reference:
https://www.uptodate.com/contents/norepinephrine-noradrenaline-drug-information?source=auto_suggest&selectedTitle=1~1---1~4---norepi&search=norepinephrine#F202407
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https://www.uptodate.com/contents/epinephrine-adrenaline-systemic-drug-information?source=auto_suggest&selectedTitle=1~4---3~4---epinephrine&search=epinephrine%20systemic