



ROSC

Return of Spontaneous Circulation

- Indications:**
- Return of spontaneous circulation post cardiac arrest of medical (cardiac) origin, near drowning, or strangulation (hanging)
 - Age greater than 18 years
 - Persistent coma with no eye opening to pain or GCS < 9
 - Initial temperature > 34°C (93.2 °F)
 - Advanced airway in place (King LTS-D, ETT)

- Contraindications:**
- Traumatic arrest due to penetrating or blunt trauma, or
 - Inability to place Advanced Airway, or
 - Presence of a DNR or other Advanced Directive, or
 - Known patient pregnancy.

EMT EMR

1. Open and/or maintain an open airway. Insert a BIAID if not already using one.
2. Continue rescue breathing (1 breath every 6 seconds). Use of a pediatric bag is recommended at 100% O2. Titrate ETCO2 to 35-45.
3. **If patient is breathing on their own, titrate O2 to 94-99% SpO2.**
4. **Apply ice packs to arm pits, behind neck and groin area.**
5. Monitor the patient's level of consciousness, vital signs, etc. for any acute changes.
6. **EMT Only- Obtain and transmit a 12-lead.**
7. **Initiate transporting unit as soon as possible. Contact receiving hospital as soon as possible and inform them of ROSC.**

EMT EMR

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1. Continue EMR/EMT treatment
2. **Attempt to intubate the patient if not regaining consciousness and titrate ETCO2 to 35-45.**
3. Establish IV/IO access and infuse 1-2L of Normal Saline as a bolus.
Limit bolus to maximum of 1 Liter if history of CHF.

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**** NOTE:** Notify receiving hospital as soon as possible. If patient regains consciousness, treat symptomatically and **DO NOT CONTINUE COOLING PROCESS.**