



Yolo County Emergency Medical Services Agency

Protocols

Revised Date: June 1, 2023

POST RESUSCITATION CARE	
Adult	Pediatric
BLS	
Assess vital signs O ₂ , titrate SpO ₂ to ≥ 94% Assist ventilations as needed Avoid hyperventilation Temperature	
BLS Local Scope	
Blood Glucose Check	
ALS	
Cardiac Monitor, Waveform EtCO ₂ , Vascular Access 12-Lead ECG (required on all ROSC patients)	
<p style="text-align: center;"><u>BP < 90 & HR > 50 BPM</u></p> <p>Fluid Bolus NS 250 mL IV/IO</p> <ul style="list-style-type: none"> • May repeat as needed <p style="text-align: center;"><u>BP < 90 & HR < 50 BPM</u></p> <p>Atropine 1 mg IV/IO</p> <ul style="list-style-type: none"> • May repeat every 3 - 5 minutes • Max dose 3 mg <p style="text-align: center;"><u>If no response, consider</u></p> <p>PUSH DOSE Epinephrine (1:100,000)</p> <ul style="list-style-type: none"> • 1 mL every 1-5 minutes Titrate to SBP > 90 <p>Consider Transcutaneous Pacing</p> <p style="text-align: center;"><u>VF/VT ROSC</u></p> <p style="text-align: center;"><i>* Only give Amiodarone if not previously administered during initial resuscitation</i></p> <p>Amiodarone Drip 150 mg in D5W 100 mL IV/IO (100 gtts/min with 10 gtts/mL set)</p> <ul style="list-style-type: none"> • Give over 10 minutes • No repeat 	<p style="text-align: center;"><u>Signs of hypoperfusion</u></p> <p>Fluid Bolus NS 20 mL/kg IV/IO</p> <ul style="list-style-type: none"> • Titrate to age appropriate SBP <p style="text-align: center;"><i>* Sustain normothermia</i></p>



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Direction

- Transport to a STEMI Receiving Center
 - DO NOT divert from STEMI Center if patient re-arrests, continue to the STEMI Receiving Center
- Transmit 12-Lead ECG to Receiving ED
- Consider sedation if the patient is combative
- Contact Base Hospital for additional treatment