



Yolo County Emergency Medical Services Agency

Protocols

Revised Date: September 1, 2018

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 0.5 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>and/or</u></p> <p>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>
Direction	
<ul style="list-style-type: none"> • Transport to a STEMI Receiving Center • Transmit 12-Lead ECG to Receiving ED • Consider sedation if the patient is combative • Contact Receiving ED Physician for additional treatment 	