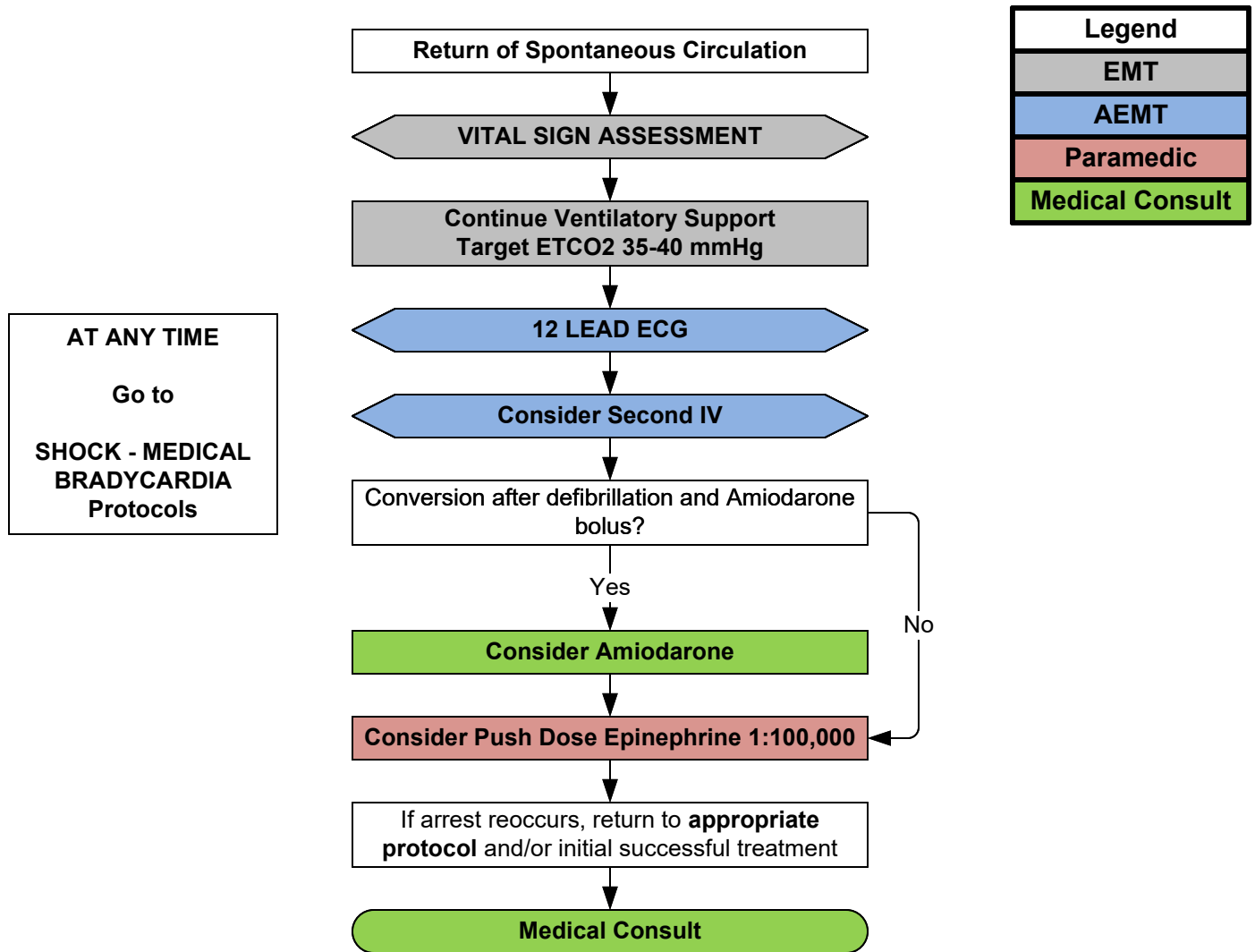


POST RESUSCITATION

History: ○ Respiratory arrest ○ Cardiac arrest ○ SAMPLE	Signs and Symptoms: ○ Return of pulse	Differential: ○ Continue to address specific differentials associated with the original dysrhythmia
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Pearls:

- Once ROSC has been achieved, make an effort to stabilize patient prior to transport which reduces the likelihood of the patient re-arresting.
- In the presence of hypotension, administer a 250 ml bolus of normal saline prior to considering the administration of Push Dose Epinephrine. Repeat the 250 ml bolus as needed up to 1-2 liters.
- Avoid hyperventilation.
- Shock is defined as decreased effective circulation with inadequate delivery of oxygen to tissues.
- ROSC patients meeting Inclusion criteria (see *Inclusion Criteria* in the Appendix section) for Targeted Temperature Management should be transported to a facility which provides Targeted Temperature Management if the additional transport time does not exceed 15 minutes. If STEMI, consider transport directly to PCI capable facility.
- In the setting of ROSC, AHA recommends continued high FiO2 percentages until oxygenation status can be accurately measured, usually with ABG values.