Return of Spontaneous Circulation (ROSC)*

**Optimize Ventilation and Oxygenation**
- Maintain oxygen saturation 94%
- Consider advanced airway waveform capnography
- Do not hyperventilate

**Treat Hypotension (SBP < 90 mm Hg)**
- IV/IO bolus
- Vasopressor infusion
- Consider treatable causes
- 12-Lead ECG

**Follow Commands?**

**Induced Hypothermia**

**Cardiac Catheterization Laboratory**

**Advanced Critical Care**

**Doses/Details**

**Ventilation/Oxygenation**
- Avoid excessive ventilation
- Start at 10 94% breaths/min and titrate to target PETCO2 of 35–40 mm Hg.
- When feasible, titrate FiO2 to minimum necessary to achieve SpO2 ≥ 94%.

**IV Bolus**
- 1–2 L normal saline or lactated Ringer’s.
- If inducing hypothermia, may use 4°C fluid.

**Epinephrine IV Infusion**
0.1–0.5 mcg/kg per minute (in 70-kg adult: 7-35 mcg per minute)

**Reversible Causes**
- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypo-/Hyperkalemia
- Hypothermia
- Tension pneumothorax
- Tamponade, cardiac
- Toxins
- Thrombosis, pulmonary
- Thrombosis, coronary

**Dopamine IV Infusion**
2–20 mcg/kg per minute

**Norepinephrine IV Infusion**
0.1–0.5 mcg/kg per minute (in 70–kg adult: 7–35 mcg per minute)

