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
2–10 mcg/kg per minute

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