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?
- Y
- N

**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: 7–35mcg per minute)


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*Version control: This document is current with respect to 2015 American Heart Association Guidelines for CPR and ECC. These guidelines are current until they are replaced on October 2020. If you are reading this page after October 2020, please contact ACLS Training Center at support@acls.net for an updated document. Version 2018.10.a*