Follow Commands?

Return of Spontaneous Circulation (ROSC)*

Optimize Ventilation and Oxygenation
- Maintain oxygen saturation >92%–98%
- 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

Cardiac Catheterization Laboratory
- If STEMI is present
- Unstable cardiogenic shock
- Circulatory support required

Advanced Critical Care

Follow Commands?

Doses/Details

Ventilation/Oxygenation
- Avoid excessive ventilation
- Start at 10 breaths/min and titrate to target PETCO₂ of 35–40 mm Hg
- When feasible, titrate FIO₂ to minimum necessary to achieve SpO₂ ≥ 92%–98%

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

Epinephrine IV Infusion
2–10 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
5–20 mcg/kg per minute

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

Targeted Temperature Management**
- CT brain
- Cardiac monitoring
- Advanced critical care