

## RETURN OF SPONTANEOUS CIRCULATION (ROSC)

This protocol should be followed for all **adult** cardiac arrests with ROSC. If it is unknown whether the arrest is traumatic or medical, continue with this protocol.

- A. Follow **Initial Treatment / Universal Patient Care Protocol**.
- B. If ventilation assistance is required, ventilate at 10 - 12 breaths per minute. **DO NOT** hyperventilate.
  - 1. Avoid excessive ventilation. *If capnography available*: titrate to target ETCO<sub>2</sub> of 35 - 40 mm/Hg.
    - a. Titrate oxygen to minimum necessary to achieve SpO<sub>2</sub> at 94 - 99%.
    - b. Start with 100% oxygen during the CPR phase.
- C. Consider Advance Airway: Supraglottic (Combitube or King Airway).
- D. If patient is unresponsive, consider initiating therapeutic cooling measures (if available) with icepacks in axillae, groin neck, and around head wrapped in a light towel.
- E. Reassess patient. If patient becomes pulseless, begin CPR and follow **appropriate protocol**.
- F. Continue to monitor ABC's.
- G. Prepare for transport if ALS arrival is not eminent.
- H. Contact **Medical Command** for additional treatment options.

