History
- Respiratory arrest
- Cardiac arrest

Signs/Symptoms
- Return of pulse

Differential
- Continue to address specific differentials associated with the original dysrhythmia

**Legend**
- MR
- B
- EMT
- I
- P
- M
- Medical Control

**Repeat Primary Assessment**

Consider Induced Hypothermia
If EMS System has a local protocol

**Continue ventilatory support**
- 100% oxygen
- ETCO2 ideally >20
- Resp Rate <12
- DO NOT HYPERVENTILATE

**IV Protocol**
- Cardiac Monitor
- Vital Signs
- Pulse Oximetry
- 12 Lead ECG

**Continue anti-arrhythmic if return of spontaneous circulation was associated with its use**

**Significant Ectopy**

**Treat per Ventricular Tachycardia Protocol**

**Bradycardia**

**Treat per Bradycardia Protocol**

If arrest reoccurs, revert to appropriate protocol and/or initial successful treatment

**Notify Destination or Contact Medical Control**

**Pearls**
- **Recommended Exam:** Mental Status, Neck, Skin, Lungs, Heart, Abdomen, Extremities, Neuro
- Hyperventilation is a significant cause of hypotension and recurrence of cardiac arrest in the post resuscitation phase and must be avoided at all costs.
- Most patients immediately post resuscitation will require ventilatory assistance.
- The condition of post-resuscitation patients fluctuates rapidly and continuously, and they require close monitoring. Appropriate post-resuscitation management may best be planned in consultation with medical control.
- Common causes of post-resuscitation hypotension include hyperventilation, hypovolemia, pneumothorax, and medication reaction to ALS drugs.
- Titrate Dopamine to maintain MAP >90. Ensure adequate fluid resuscitation is ongoing.

**Protocol 27**

Any local EMS System changes to this document must follow the NC OEMS Protocol Change Policy and be approved by OEMS 2009