Return of spontaneous circulation (ROSC)

Optimize ventilation and oxygenation
- Maintain oxygen saturation ≥94%
- Consider advanced airway and waveform capnography
- Do not hyperventilate

Treat hypotension (SBP <90 mm Hg)
- IV/IO bolus
- Vasopressor infusion
- Consider treatable causes

12-Lead ECG: STEMI OR high suspicion of AMI

Coronary reperfusion

Initiate targeted temperature management

Follow commands?

Yes

Advanced critical care

No

Reversible Causes
- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypo-/hyperkalemia
- Hypothermia
- Tension pneumothorax
- Tamponade, cardiac
- Toxins
- Thrombosis, pulmonary
- Thrombosis, coronary

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 ≥94%.

IV bolus:
Approximately 1-2 L normal saline or lactated Ringer’s

Epinephrine IV infusion:
0.1-0.5 mcg/kg per minute (in 70-kg adult: 7-35 mcg per minute)

Dopamine IV infusion:
5-10 mcg/kg per minute

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