

CMG 4(a) – RETURN OF SPONTANEOUS CIRCULATION (ROSC) – ADULT

(Revised: January 2017)



| RESPIRATORY | | |
|-------------|---|----|
| ICP | Consider advanced airway if decreased level of consciousness | AP |
| ICP | Maintain SpO ₂ 94 – 98% (SpO ₂ of 100% is not required) | AP |
| ICP | Ventilation at a rate of approximately 8 – 10/minute (titrated to achieve desired SpO ₂ and EtCO ₂). Do not hyperventilate. | AP |
| ICP | Ventilate to maintain EtCO ₂ at 35 – 40mmHg | AP |

| BLOOD SUGAR | | |
|-------------|---|----|
| ICP | Avoid hypoglycaemia, but do not over-correct it | AP |

| CARDIAC / PERFUSION | | |
|---------------------|---|----|
| ICP | 12-lead ECG (unless obvious non-cardiac cause). Repeat en-route if 1 st ECG normal If STEMI detected on 12-lead, transmit and consult with STEMI doctor. Consider transport direct to TCH | AP |
| ICP | Treat significant arrhythmias if persistent. If bradycardic: consider external pacing (preferred over adrenaline for ROSC bradycardia) | |
| ICP | Maintain cerebral perfusion (aim for BP ≥100mmHg) by any means: posture and fluids | AP |
| ICP | and / or consider adrenaline infusion | |

| TEMPERATURE | | |
|-------------|---|----|
| ICP | Check core temperature. Aim to maintain normothermia. No active re-warming unless profoundly hypothermic (<32°C) (refer CMG 11b) No active, aggressive cooling unless hyperthermic (>39°C) (refer CMG 11a) | AP |
| ICP | Do not allow patient to shiver | AP |

| OTHER | | |
|-------|---|----|
| ICP | Address potential correctable causes of arrest, if not already done | AP |