Follow Initial Protocol for All Patients

**Goals:**
- Optimize perfusion/oxygenation following ROSC

**Signs/Symptoms:**
- Return of spontaneous circulation following cardiac arrest (ROSC)

**Documentation Key Points:**
- Post arrest EKG rhythm and vitals
- Post arrest 12 lead EKG
- Post arrest neurological assessment

**H5. Amiodarone Infusion**
150 mg in 100 ml Normal Saline  
1 mg/min - 40 ml/hr  
or  
150 mg in 250 ml Normal Saline  
1 mg/min - 100 ml/hr

**B7. Chest Pain/Acute Coronary Syndrome Guideline**

**B3. Chest Pain/Acute Coronary Syndrome Guideline**

If patient has not already received and not in a wide complex slow rhythm
**H5. Amiodarone**
Adult: 150 mg IV/IO over 10 minutes
Dilute with **H46. Normal Saline** to 10 ml
After bolus:
Adult: consider **H5. Amiodarone** infusion 1 mg/min

**Special Considerations**
- Do not hyperventilate or hyperoxygenate. Goal EtCO2 is 30-40 mmHg.
- Hyperventilation has been found to cause post arrest hypotension and increase the likelihood of patient re-arresting.
- If patient re-arrests go back to B6. Medical - Cardiac Arrest guideline.
- Transport should be to facility that has cardiac catheterization capabilities, regardless of 12 lead EKG findings.
- Use caution administering H5. Amiodarone if cardiac rhythm is bradycardic and/or wide complex

**B6. Medical - Cardiac Arrest**

Protocol: B7. Post Resuscitation
Date of Most Recent Update: 6/2020
Original Adoption Date: 6/20
Past Protocol Updates:
Medical Director: Chad Torstenson, MD; Cory Vaudt, DO