

**Treatment Protocols**

**Date: 07/01/2023**

***Post-Return of Spontaneous Circulation***

**Policy #9250**

<b><u>Stable</u></b> Systolic blood pressure >90mmHg	<b><u>Unstable</u></b> Systolic blood pressure <90 mmHg and/or signs of poor perfusion
<b>BLS Standing Orders</b>	
<ul style="list-style-type: none"> <li>• Universal Patient Protocol</li> <li>• Ensure patent airway, administer oxygen and/or ventilate PRN per <b>Airway Policy</b> with goal 10-12 breaths per minute</li> <li>• Maintain O2 saturation &gt; 95%</li> <li>• Monitor O2 saturation, ECG, blood pressure continuously PRN</li> <li>• Keep patient warm</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Universal Patient Protocol</li> <li>• Ensure patent airway, administer oxygen and/or ventilate PRN per <b>Airway Policy</b> with goal 10-12 breaths per minute</li> <li>• Maintain O2 saturation &gt; 95%</li> <li>• Monitor O2 saturation, ECG, blood pressure continuously PRN</li> <li>• Immediate transport</li> </ul>
<b>LALS Standing Order Protocol</b>	
<ul style="list-style-type: none"> <li>• Establish IV if not already obtained</li> </ul>	<ul style="list-style-type: none"> <li>• Establish IV if not already obtained</li> <li>• Begin NS bolus 250-1,000 mL IV to maintain a SBP of <math>\geq 90</math> mmHg if patient is without rales and there is no evidence of heart failure</li> </ul>
<b>ALS Standing Order Protocol</b>	
<ul style="list-style-type: none"> <li>• Establish IV/IO if not already obtained</li> <li>• EtCO2, pulse oximetry, blood pressure, and ECG continuous monitoring</li> <li>• Establish advanced airway per <b>Airway Protocol</b> and ventilate PRN with goal EtCO2 = 35-45mmHg</li> <li>• Obtain 12-lead EKG and transport to closest Imperial County approved receiving STEMI center if within 90 minutes of transport location</li> </ul>	<ul style="list-style-type: none"> <li>• Establish IV/IO if not already obtained</li> <li>• EtCO2, pulse oximetry, blood pressure, and ECG continuous monitoring</li> <li>• Establish advanced airway per <b>Airway Protocol</b> and ventilate PRN with goal EtCO2 = 35-45mmHg</li> <li>• Begin NS bolus 250-1,000 mL IV/IO to maintain a SBP of <math>\geq 90</math> mmHg if patient is without rales and there is no evidence of heart failure</li> <li>• For fluid resistant hypotension or lungs not clear, push-dose epinephrine 1.0 mL (10 mcg) IV/IO every 3 minutes titrated to maintain systolic blood pressure &gt; 90 mmHg <b>BH</b></li> <li>• Obtain 12-lead EKG and transport to closest Imperial County approved receiving STEMI center if within 90 minutes of transport location</li> </ul>
<b>Base Hospital Orders</b>	

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**BH**

- Repeat NS IV/IO bolus

**BH**

- Push dose epinephrine PRN for hypotension refractory to IVF
  - A. Take Epinephrine 1 mg out of 0.1 mg/ml preparation (Cardiac 1:10,000 Epinephrine) and waste 9 ml of Epinephrine
  - B. In that syringe, draw 9 ml of NS from patient's IV bag and shake well. Mixture now provides 10 ml of Epinephrine at a 0.01 mg/ml (10mcg/ml) concentration
  - C. If patient meets indications and has approval from BH, administer Epinephrine 1.0 mL (10 mcg) IV/IO every 3 minutes to titrate to a systolic blood pressure > 90 mmHg

APPROVED:

Signature on File

Katherine Staats, M.D. FACEP

EMS Medical Director