

Treatment Protocols**Date: 07/01/2025*****Post-Return of Spontaneous Circulation*****Policy #9250**

<p style="text-align: center;"><u>Stable</u></p> <p style="text-align: center;">Systolic blood pressure >90mmHg</p>	<p style="text-align: center;"><u>Unstable</u></p> <p style="text-align: center;">Systolic blood pressure <90 mmHg and/or signs of poor perfusion</p>
BLS Standing Orders	
<ul style="list-style-type: none"> • Universal Patient Protocol • Ensure patent airway, administer oxygen and/or ventilate PRN per Airway Policy with goal 10-12 breaths per minute • Maintain O2 saturation > 95% • Monitor EtCO2, O2 saturation, ECG, blood pressure continuously PRN • Keep patient warm • 	<ul style="list-style-type: none"> • Universal Patient Protocol • Ensure patent airway, administer oxygen and/or ventilate PRN per Airway Policy with goal 10-12 breaths per minute • Maintain O2 saturation > 95% • Monitor EtCO2, O2 saturation, ECG, blood pressure continuously PRN • Immediate transport
LALS Standing Order Protocol	
<ul style="list-style-type: none"> • Establish IV if not already obtained • EtCO2, pulse oximetry, blood pressure, and ECG continuous monitoring 	<ul style="list-style-type: none"> • Establish IV if not already obtained • Begin NS bolus 250-1,000 mL IV to maintain a SBP of ≥ 90 mmHg if patient is without rales and there is no evidence of heart failure • EtCO2, pulse oximetry, blood pressure, and ECG continuous monitoring
ALS Standing Order Protocol	
<ul style="list-style-type: none"> • Establish IV/IO if not already obtained • EtCO2, pulse oximetry, blood pressure, and ECG continuous monitoring • Establish advanced airway per Airway Protocol and ventilate PRN with goal EtCO2 = 35-45mmHg • Obtain 12-lead EKG and transport to closest Imperial County approved receiving STEMI center if within 90 minutes of transport location 	<ul style="list-style-type: none"> • Establish IV/IO if not already obtained • EtCO2, pulse oximetry, blood pressure, and ECG continuous monitoring • Establish advanced airway per Airway Protocol and ventilate PRN with goal EtCO2 = 35-45mmHg • Begin NS bolus 250-1,000 mL IV/IO to maintain a SBP of ≥ 90 mmHg if patient is without rales and there is no evidence of heart failure • 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 > 90 mmHg BH • Obtain 12-lead EKG and transport to closest Imperial County approved receiving STEMI center if within 90 minutes of transport location

Treatment Protocols**Date: 07/01/2025*****Post-Return of Spontaneous Circulation*****Policy #9250****Base Hospital Orders****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 – 07/01/25

Katherine Staats, M.D. FACEP

EMS Medical Director