

Post Resuscitative Care Adult & Pediatric

3.4

EMT/ADVANCED EMT STANDING ORDERS - ADULT

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- If feasible, acquire and transmit a 12-lead EKG.
- Initial ventilation rate of 10 - 12 BPM, then titrate to capnography of 35 to 40 mm Hg, if available.
- Consider titrating oxygen lower for patients with SaO₂ of 100%.

ADVANCED EMT STANDING ORDERS - ADULT

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- Maintain systolic blood pressure of >90 mmHg OR MAP ≥ 65 mmHg.
For Post-resuscitation hypotension:
- Administer 0.9% NaCl in 250 – 500 ml boluses. Total volume should not exceed 2,000 ml.

PARAMEDIC STANDING ORDERS - ADULT

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- Consider: (An infusion pump is required for the use of these pressor agents)
 - Norepinephrine infusion 1 – 30 micrograms/min, **OR**
 - Epinephrine infusion 2 – 10 micrograms/minute titrated to effect.
- Consider nasogastric or orogastric tube for the intubated patient.

PARAMEDIC STANDING ORDERS - PEDIATRIC



For Post-Resuscitation Hypotension:

- IV 0.9% NaCl 20 ml/kg (may repeat x1), **AND/OR**
- Consider: (An infusion pump is required for the use of these vasopressors)
 - Norepinephrine infusion 0.1 – 2 micrograms/kg/min (maximum dose 30 micrograms/min) titrated to effect, **OR**
 - Epinephrine 0.1 – 1 micrograms/kg/min (maximum dose 10 micrograms/min) titrated to effect.

- For patients with return of spontaneous circulation after cardiac arrest not related to trauma or hemorrhage who are comatose without purposeful movement, consider transporting to a receiving facility capable of starting induced therapeutic hypothermia.
- If patient meets STEMI criteria transport per your STEMI guidelines/agreements. Notify receiving facility of a "STEMI Alert".

PEARLS:

- Avoid hyperventilation as it increases intrathoracic pressures, potentially worsening hemodynamic instability.