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8th May 2026
Internal Reference: 260415
Email:

Dear ,

Thank you for your request for information, which we received on **10/04/2026**.
We have considered your request under the Freedom of Information Act 2000.
Please ensure you quote the Internal Reference number above in any future correspondence.

Your Request

I am currently formulating a case for change within NWAS in relation to post cardiac arrest management and as such, I'm submitting FOI requests to each UK ambulance service to gauge current practice for critical care paramedics in relation to post-ROSC care. This is being undertaken to hopefully improve cardiac arrest survival across the North West.

With this in mind, please could this email be forwarded onto the relevant team and the following questions be answered:

1. Is rocuronium carried by your CCPs?
2. What are the indications and dosing if so?
3. How many patients have received rocuronium post-ROSC in 2025?
4. What governance framework is in place for rocuronium administration in terms of training and ensuring competency?
5. What sedation agents are used and what are their indications and dosing strategies?
6. Is there a clinical management plan for post-ROSC care for your CCPs? If so, can this please be shared?



7. Is there a difference in survival to hospital, survival to 30 days and survival to discharge when a CCP attends cardiac arrests when compared to non-specialist crews?

Formal Response

1. Is rocuronium carried by your CCPs?

Yes

2. What are the indications and dosing if so?

Any patient who:

- Has a secured endotracheal tube (ETT) in place, with correct placement confirmed and continuously monitored using waveform capnography.
- Requires neuromuscular blockade to facilitate safe and effective ventilation and oxygenation (for example, following sustained return of spontaneous circulation [ROSC] post-cardiac arrest).

And:

- Another trained pre-hospital care provider, competent in advanced airway management, is present on scene.

Initial bolus dose of 1mg/kg

Additional doses of 0.5mg/kg can be administered in order to maintain paralysis.

3. How many patients have received rocuronium post-ROSC in 2025?

224 patients

4. What governance framework is in place for rocuronium administration in terms of training and ensuring competency?

Rocuronium administration within SECamb is governed through a multi-layered clinical governance framework incorporating medicines management, scope of practice, and critical care competency processes.

At an organisational level, the Medicines Policies provides the overarching governance for medicines use, including the use of standard operating procedures, PGDs and clinical guidelines to ensure safe and appropriate administration. Rocuronium, as part of the critical care formulary, is delivered under a specific PGD and CPG.

Authorisation to administer rocuronium is restricted to clinicians operating within an approved scope of practice, as defined in the Scope of Practice and

Clinical Standards Policy. This ensures clinicians only undertake interventions for which they are trained, competent, and authorised.

For CCPs, competency is underpinned by the Critical Care Quality Assurance procedure. Training in rocuronium use occurs as part of initial training and includes theoretical knowledge, simulation, and supervised clinical practice. Clinicians must complete a competency portfolio and undergo formal sign-off before independent practice.

Ongoing competency is maintained through the Critical Care Clinical Currency Procedure, requiring clinicians to demonstrate both operational and training currency. Failure to maintain this results in restriction of practice until competency is regained.

Finally, rocuronium use is subject to robust clinical governance processes including clinical supervision, case review, audit, and quality assurance, ensuring continual monitoring of safety and performance.

5. What sedation agents are used and what are their indications and dosing strategies?

Ketamine

- **Post-ROSC sedation - 0.5mg/kg IV/IO initial bolus followed by infusion at 1mg/kg/hr**
- **Procedural sedation – 0.5mg/kg IV/IO boluses as required (0.25mg/kg in the shocked/frail/elderly)**
- **Severe agitation (ABD) - 4mg/kg IM (max 8mg/kg) or 1mg/kg IV/IO (max 4mg/kg)**

Midazolam

- **Post-ROSC sedation – 1mg/kg IV/IO repeated every 3-5mins to achieve desired effect (0.5mg in shocked/elderly/frail)**
- **Cerebral agitation – 2mg iV/IO repeated as required to achieve desired effect or 100mcg/kg IM (half doses in frail/shocked/elderly)**

6. Is there a clinical management plan for post-ROSC care for your CCPs? If so, can this please be shared?

Please find this attached.

7. Is there a difference in survival to hospital, survival to 30 days and survival to discharge when a CCP attends cardiac arrests when compared to non-specialist crews?

Yes (survival to discharge metric now discontinued)



Next steps

Some information held by the Trust is routinely published on our [website](#) and may be of assistance.

If you are dissatisfied with the Trust's response to your request, you have the right to ask for an internal review.

Requests for an internal review should be submitted within **40 working days** of the date of this response and should be sent to:

Richard Banks, Head of Corporate Governance at FOI@secamb.nhs.uk

The internal review will be conducted by an individual who was not directly involved in handling your original request, ordinarily the Trust's Data Protection Officer. We aim to complete internal reviews within **20 working days** of receipt.

If you remain dissatisfied following the outcome of the internal review, you may complain to the Information Commissioner's Office (ICO). The ICO generally expects complaints to be raised promptly following the completion of an internal review.

The easiest way to raise a complaint is via the ICO's website:
www.ico.org.uk/foicomplaints

Alternatively, you may write to:
Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
SK9 5AF

Yours sincerely,

Corporate Governance Team

South East Coast Ambulance Service NHS Foundation Trust



Saving Lives,
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