

VENTRICULAR FIBRILLATION /

Revised 3/08

VENTRICULAR TACHYCARDIA WITHOUT A PULSE / CARDIOPULMONARY ARREST

BLS ACTION/TREATMENT:

Initiate Cardiopulmonary Arrest Procedures.

- Stabilize:
 1. ABCs / Ensure airway is open / Ventilate with BVM and oxygen / CPR.
 2. Apply AED (provide 2 minutes of CPR prior to initial shock if un-witnessed arrest).
- Assessment:
 1. Check for pulse and spontaneous respiration.
 2. Document if signs of trauma or injury.
- History:
 1. Document time of onset of cardiac arrest or if arrest was un-witnessed, when was patient last seen.
 2. Document if bystander CPR was being performed upon EMS arrival.
 3. Document if medical problems are known (particularly diabetes or renal dialysis).
 4. Document if patient is known to have used any of their own medications immediately prior to or during EMS arrival.

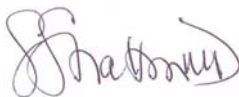
ALS ACTION/TREATMENT:

- Monitor cardiac rhythm and document with rhythm strip.
- Perform 2 minutes of CPR and prepare to defibrillate.
 - If arrest is witnessed by EMS responders, immediately defibrillate.
- Defibrillate x 1 using maximum energy (or manufacturer's recommendations for a specific monitor-defibrillator).
- Rhythm – Pulse check if indicated.
- If Pulseless VF/VT persists:
 - Resume CPR for 2 minutes immediately after shock, starting with compressions.
 - Re-charge defibrillator.
 - Defibrillate x 1 at maximum energy
- Repeat Rhythm – Pulse check if indicated.
 - Resume CPR for 2 minutes immediately after shock, starting with compressions.
- IV access when able. **Do not interrupt CPR to establish IV.**
- Administer medications as indicated by rhythm check.
 - Epinephrine:
 - 1 mg 1:10,000 IVP every 3-5 minutes.
 - ET: Epinephrine 1:1000 10 mg once.

Boxed text indicates BH order

Unboxed text indicates standing order

Approved:



TxGuide:Cardiac:C-45
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- After epinephrine given, perform CPR for 2 minutes.
- Recheck rhythm:
 - If VF/VT continues, shock with maximum energy or as defibrillator preprogrammed.
- If no conversion of VF/VT administer:
 - Amiodarone:
 - Initial dose: 300 mg IVP.
 - Repeat dose: 150 mg IVP after 5 minutes if VF/VT persist.
 - Maximum amount of amiodarone: 450 mg IVP.
- Establish ALS airway when able. **Minimize interruptions to CPR to establish airway.**

Pediatric: (Use Length Based Resuscitation Tape to determine child's weight)

- Defibrillation energy: 2 J/kg Initial shock.
4 J/kg All subsequent shocks.
- Epinephrine: 0.01 mg/kg 1:10,000 IVP every 3-5 minutes.
- Amiodarone: 5 mg/kg IVP, repeat 5 mg/kg every 5 minutes up to maximum total of 15 mg/kg or 300 mg.

NOTES:

- CPR ratio of 30 compressions:2 ventilations for adults, 15:2 for pediatric patients (prior to placing ALS airway).
- After ALS airway is placed, ventilate adult at 8-10 breaths per minute and pediatric patients at 12-20 breaths per minute.
 - Deliver each breath over 1 second; do not interrupt chest compressions to deliver breaths.
- Perform CPR in 2 minute cycles.
- Change person doing chest compressions every 2 minutes; perform rhythm – pulse check during change over.
- Always start with chest compressions when resuming CPR.
- Rhythm – Pulse checks should only be performed if organized rhythm on monitor; should take no more than 10 seconds.
- Document the energy administered for defibrillation.
- Administer medications during CPR.
- Treatment sequence when IV established: Shock / Drug / Shock / Drug / Shock / Drug / Shock.

Base Physician may order:

- Sodium bicarbonate only in prolonged arrest, known renal failure or tricyclic overdose in adult and pediatric patients: 1 mEq/kg IVP, then 0.5 mEq/kg IVP every 10 minutes.

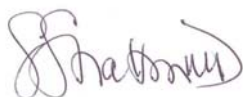
Base Physician may order:

- Dextrose 50% if history of diabetes and on insulin or oral hypoglycemic medication.
Pediatric patients: 1 mL/kg Dextrose 50% IVP (if less than 2 years-old, Dextrose 25% 2 mL/kg IVP).

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