



ALS STANDING ORDERS:

**Ventricular fibrillation (VF)
OR
Pulseless Ventricular tachycardia (VT)**

1. Initiate or continue CPR and when defibrillator available:
 - ▶ Defibrillate once at 2 J/kg biphasic setting (or pre-programmed/manufacturer's recommended defibrillator setting)

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2. If at any time develops rhythm with pulse:
 - Ventilate and oxygenate
 - Assess for and correct hypoxia or hypovolemia
 - ALS escort to nearest ERC or contact Base Hospital as needed

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3. If remains pulseless:
 - Maintain CPR approximately 2 minutes
 - ▶ High-flow oxygen by BVM
 - IV/IO vascular access without interruption of CPR

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4. Continually monitor cardiac rhythm:
 - If persistent VF/pulseless VT
 - ▶ Defibrillate once at 4 J/kg biphasic setting (or pre-programmed/manufacturer's recommended defibrillator setting)
 - If PEA or asystole: refer to PEA/Asystole section.

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5. For continued VF/ pulseless VT or if reverts back to VF/pulseless VT:
 - Maintain CPR
 - ▶ Administer *Epinephrine 0.01 mg/Kg (1:10,000) IV/IO*, repeat approximately every 3 minutes for continued VF/pulseless VT

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6. For continued VF/pulseless VT:
 - Maintain CPR
 - ▶ Defibrillate once at 4 J/kg biphasic setting (or pre-programmed/manufacturer's recommended defibrillator setting)

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7. For continued VF/ pulseless VT:
 - Maintain CPR
 - ▶ Administer *Amiodarone 5 mg/kg IV/IO*, may repeat 5 mg/kg IV/IO in 5 and 10 minutes

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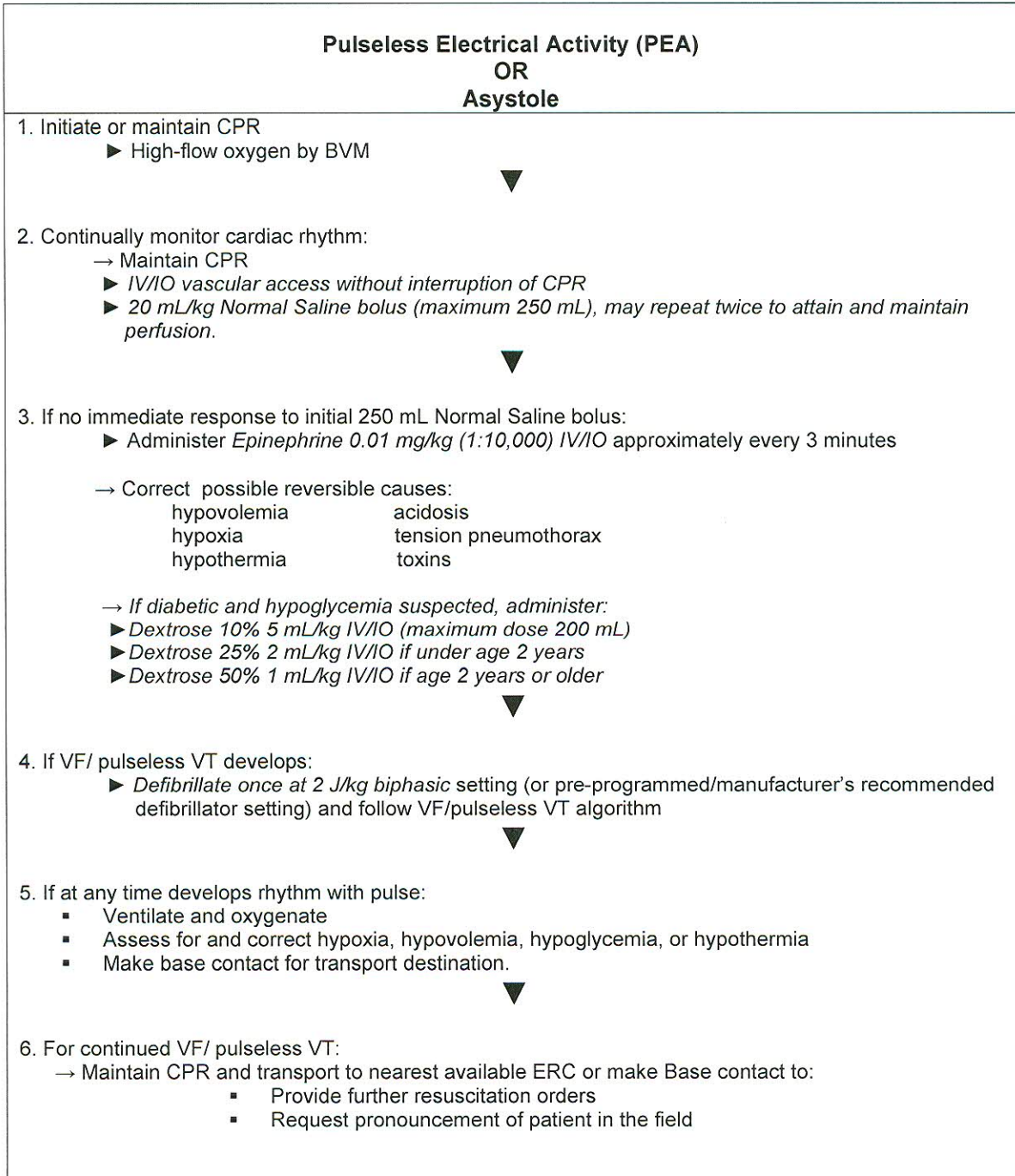
8. After approximately 2 minutes of CPR, if there is continued VF/pulseless VT:
 - ▶ Defibrillate once at 4 J/kg biphasic setting (or pre-programmed/manufacturer's recommended defibrillator setting)

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9. For continued VF/ pulseless VT:
 - Maintain CPR and transport to nearest available ERC or make Base contact to:
 - Provide further resuscitation orders
 - Request pronouncement of patient in the field

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