Adult Cardiac Arrest: Ventricular Fibrillation / Pulseless Ventricular Tachycardia

I. All Provider Levels

1. Refer to the Patient Care Protocols.

2. Initiate CPR with BVM and 100% oxygen.

3. Attach AED and analyze rhythm.

> **Note Well:** *EMT-I and EMT-P should utilize the monitor-defibrillator.*

4. Defibrillate patient with the AED.

> **Note Well:** *EMT-I and EMT-P should utilize the manual defibrillator*

5. Initiate advanced airway management with Combi-tube

> **Note Well:** *EMT-I and EMT-P should use ET intubation.*

6. Establish an IV of Normal Saline KVO, if not previously performed.

> **Note Well:** *An ALS Unit must be en route or on scene.*

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II. Advanced Life Support Providers

1. Administer 1.0 mg Epinephrine 1:10,000 IVP every 3 - 5 minutes for the duration of the arrest.

> **Note Well:** *EMT-I and EMT-P should administer 2.0 mg Epinephrine 1:1,000 in 8 cc of normal saline via ET if IV access is unobtainable.*

> **Note Well:** *Epinephrine is not to be administered via the Combi-tube.*

2. Defibrillate after every medication administration.

> **Note Well:** *EMT-I and EMT-P should utilize the manual defibrillator*

3. Administer 1.5 mg/kg Lidocaine IVP or 3.0 mg/kg ET. Allow medication to circulate for 30 - 60 seconds.

4. If ventricular tachycardia persist, then administer a second dose of 1.5 mg/kg Lidocaine IVP or 3.0 mg/kg ET. Allow medication to circulate for 30 - 60 seconds.

5. If successful conversion to a supraventricular rhythm administer 1.0 to 1.5 mg/kg Lidocaine IVP.

> **Note Well:** *Maximum Total Lidocaine is 300mg.*

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III. Transport Decision

1. Transport to the closest appropriate open facility

> **Note Well:** *Defibrillate after every medication administration if the patient remains in ventricular fibrillation or ventricular tachycardia without a pulse. If a return of spontaneous circulation is restored assess vital signs, and provide medications appropriate for blood pressure, heart rate and rhythm.*

IV. The Following Options are Available by Medical Control Only

1. Dextrose 50% 25 gms IVP if hypoglycemia is suspected
2. Magnesium Sulfate 2 gms in 10 cc normal saline (Refractory VF, Torsades de pointes).
3. Nalaxone, 2.0 to 4.0 mg, in suspected narcotic overdose
4. Sodium Bicarbonate 1.0 mEq/kg IVP if acidosis is suspected.
5. Repeat of any of the standing orders.

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