



# Ventricular Fibrillation/ Pulseless Ventricular Tachycardia

FIELD TREATMENT GUIDELINE C-03

INDICATION	<ul style="list-style-type: none"> <li>Cardiac arrest patient presenting in ventricular fibrillation or pulseless ventricular tachycardia.</li> </ul>
BLS	<ul style="list-style-type: none"> <li>Follow <a href="#">General Medical Care M-01</a>.</li> <li>Follow <a href="#">Cardiac Arrest Management C-01</a>.</li> </ul>
ALS	<ul style="list-style-type: none"> <li>Defibrillate at 360J.             <ul style="list-style-type: none"> <li>Defibrillation should not be delayed for any patient presenting in ventricular fibrillation/pulseless ventricular tachycardia.</li> <li>Should be repeated at 360J after each 2 minutes of CPR if patient remains in ventricular fibrillation/pulseless ventricular tachycardia.</li> <li>Minimize perishock pauses – consider pre-charging the defibrillator.</li> </ul> </li> <li><a href="#">Epinephrine (1:10,000)</a>: <i>Adult:</i> 1mg IV/IO after second defibrillation. Repeat every 3-5 minutes. MAX of 3mg.</li> <li>Patients who have received the max total dose of epinephrine, should still receive <a href="#">Push-Dose Epinephrine AP-16</a> for <a href="#">C-08 Cardiogenic Shock</a> following ROSC.</li> <li><a href="#">Amiodarone</a>: <i>Adult:</i> 300 mg IV/IO after <u>third</u> defibrillation. If patient remains in ventricular fibrillation/pulseless ventricular tachycardia, administer a second dose of 150 mg IV/IO.</li> <li><a href="#">Sodium Bicarbonate</a>: <i>Adult:</i> 100 mEq IV/IO if hyperkalemia is suspected. May repeat once in 5 minutes</li> </ul>
KEY CONCEPTS	<ul style="list-style-type: none"> <li>CPR should not be interrupted for placement of IV/IO, airway, or medication administration.</li> <li>Further treatment at the hospital may include one or more of the following: ECMO, thrombolytics, or percutaneous intervention (PCI).</li> <li>For terminating resuscitative efforts follow <a href="#">Administrative Policy 115, Determination of Death</a></li> </ul>