Ventricular Fibrillation / Pulseless Ventricular Tachycardia

If AED is applied prior to ALS arrival, perform CPR and reassess the rhythm as indicated. After each intervention resume CPR immediately and reassess the rhythm after each 2 minute or 5 cycle interval.

For Biphasic devices shock with energy levels following manufacturers' recommendations (120 – 200 J). If unknown use the maximum available. For monophasic devices use 360 J.

Pre-Medical Control

PARAMEDIC

1. Follow the **Cardiac Arrest – General Protocol**.
2. Defibrillate and then continue CPR for 2 minutes.
3. Repeat defibrillation every 2 minutes as indicated with immediate resumption of compressions. If rhythm changes go to appropriate protocol.
4. Start an IV/IO NS KVO. If IV is unsuccessful after 2 attempts, start an IO line per **Vascular Access & IV Fluid Therapy Procedure.** IO may be first line choice.
5. Administer Epinephrine 1:10,000, 1 mg (10 ml) IV/IO. Repeat every 3-5 minutes. May be administered before or after defibrillations.

Vasopressin
40 Units IV/IO

☐ Included

☐ Not Included

6. Per MCA selection, administer Vasopressin 40 units IV/IO in place of the second dose of Epinephrine.
7. Establish an advanced airway. Avoid significant interruptions in CPR. See **Emergency Airway Procedure**.
8. For persistent or recurrent Ventricular Fibrillation / Pulseless Ventricular Tachycardia, administer Amiodarone 300 mg IV/IO. May be administered before or after defibrillations.
9. In a dialysis patient hyperkalemia is likely. Administer Calcium Chloride 1g IV/IO and Sodium Bicarbonate 1 mEq/kg IV/IO with 20 ml NS flush in between medications.
10. For persistent or recurrent Ventricular Fibrillation / Pulseless Ventricular Tachycardia, administer additional Amiodarone 150 mg IV/IO. May be administered before or after defibrillations.
11. If patient is in Torsades de Pointes administer Magnesium Sulfate 2 grams IV/IO.

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Follow **Cardiac Arrest General Protocol**

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- Defibrillate and then continue CPR for 2 minutes.

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- Repeat defibrillation every 2 minutes as indicated with immediate resumption of compressions.
- If rhythm changes go to appropriate protocol.

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Vasopressin
40 Units IV/IO

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- Start an IV/IO NS KVO. If IV is unsuccessful after 2 attempts start an IO line per **Vascular Access & IV Fluid Therapy Procedure.** IO may be first line choice.
- Administer Epinephrine 1:10,000, 1 mg (10 ml) IV/IO. Repeat every 3-5 minutes. May be administered before or after defibrillations.
- Per MCA selection, administer Vasopressin 40 units IV/IO in place of the second dose of Epinephrine.
- Establish an advanced airway. Avoid significant interruptions in CPR. See **Emergency Airway Procedure**.
- For persistent or recurrent VF / Pulseless VT, administer Amiodarone 300 mg IV/IO. May be administered before or after defibrillations.
- In a dialysis patient hyperkalemia is likely. Administer Calcium Chloride 1g IV/IO and Sodium Bicarbonate 1 mEq/kg IV/IO with 20 ml NS flush in between medications.
- For persistent or recurrent VF/ Pulseless VT, administer additional Amiodarone 150 mg IV/IO. May be administered before or after defibrillations.
- If patient is in Torsades de Pointes administer Magnesium Sulfate 2 grams IV/IO.