VENTRICULAR FIBRILLATION & PULSELESS VENTRICULAR TACHYCARDIA – ALS

1. Confirm unresponsiveness and check CABs.
   - If pulseless, begin CPR and ICCA.

2. Cardiac monitor.

3. Confirm V-fib/V-tach.

4. Defibrillate according to manufacturer’s guidelines.

5. CPR for 2 minutes.
   - Establish vascular access IV/IO.


7. Defibrillate according to manufacturer’s guidelines.

8. CPR for 2 minutes.

9. Epinephrine 1:10,000 (1 mg/10 ml) IVP
   - Repeat q 3-5 min.

10. Establish advanced airway.
    - Apply capnography*.


12. Defibrillate according to manufacturer’s guidelines.

13. CPR for 2 minutes.

14. Amiodarone 300 mg IVP¹.

15. Confirm V-fib/V-tach.

16. Defibrillate according to manufacturer’s guidelines.

17. CPR for 2 minutes.

18. Contact Medical Control from scene.

* If ETCO₂ < 10 mmHg, attempt to improve CPR quality.
1 – Repeat Amiodarone dose 150 mg IVP after 5th defibrillation ONLY IF patient remains pulseless and in shockable rhythm.

For patients with ROSC, see Adult Post-Cardiac Arrest Care & Therapeutic Hypothermia (ALS Appendix I-6.1 – I-6.2)

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ALS B-3