VENTRICULAR FIBRILLATION & PULSELESS VENTRICULAR TACHYCARDIA – ALS

Confirm unresponsiveness and check ABCs
If pulseless begin CPR

Monitor

Confirm V-fib/V-tach

Defibrillate according to manufacturer’s guidelines

CPR for 2 minutes
Establish vascular access

VF/VT?

YES

NO

Defibrillate according to manufacturer’s guidelines

CPR for 2 minutes

Epinephrine 1:10,000 1 mg IVP
Repeat q 3-5 min

Establish advanced airway
Apply capnography*

Defibrillate according to manufacturer’s guidelines

Amiodarone 300 mg (repeat ½ dose X 1 at 5 min)
Treat reversible causes (see chart)

Defibrillate according to manufacturer’s guidelines

Transport/CPR enroute
Contact Medical Control as appropriate

See appropriate SMO

CAUSES
SPECIFIC TREATMENT

Hypoxemia.................................Check placement of advanced airway and ventilation

Tension pneumothorax......................Needle thoracentesis

Toxicity/O.D..............................Narcan 0.8 – 2 mg IV or 2 mg nebulized

Dialysis patient/Renal failure/ Hyperkalemia..............................Bicarb 1-2 mEq/kg IVP

Hypovolemia............................Normal Saline bolus

Metabolic acidosis
prolonged down time.........................at the discretion of Medical Control

Hypoglycemia..............................Dextrose

* If PETCO < 10 mmHg, attempt to improve CPR quality

For patients with ROSC, see Adult Post-Cardiac Arrest Care & Therapeutic Hypothermia (ALS Appendix I-5.1 – I-5.2)