V-FIB/PULSELESS V-TACH

START MANUAL CPR
- Give O2 via BVM
- Attach monitor/defibrillator
- Apply defibrillator pads in anterior/posterior position
- IV/IO access

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CPR 2 min

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Shockable Rhythm? — No → Go to Policy

⚡ ↓

CPR 2 min
- Consider advanced airway

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- **Epinephrine** (0.1mg/ml) 1mg IV/IO
  - Repeat every 3-5min
  - Max: 3 doses

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Shockable Rhythm? — No → Go to Policy

⚡ ↓

CPR 2 min
- Treat reversible causes

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- **Amiodarone** 300mg IV/IO
  - Repeat in 3-5min 150mg

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If VF/pVT after 3rd Shock

Apply additional set of defibrillation pads in standard (apical) placement

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If VF/pVT after 4th Shock
- If not already in place, apply Mechanical CPR device
- Transport to SRC

Go to Policy:
- **Asystole/PEA, C 2**
- **ROSC, C 10**

CRITICAL INFORMATION

- Compress at 100-120/min, 2" depth with full recoil of chest
- Mechanical CPR for transport

Airway Management

- BLS airway preferred during first 5 minutes
- Do not interrupt CPR for >10 seconds for intubation
- Use continuous ETCO2

Drug Therapy.
- If ROSC after **Amiodarone**, consider **Amiodarone drip** 150mg in 100ml NS, 1mg/min = 40gtts/min with 60gtt/ml tubing
- If hyperkalemia is suspected in renal dialysis patients, give 1 gram of 10% **Calcium Chloride** IV/IO and 50mEq of **Sodium Bicarbonate** IV/IO

Reversible Causes

- Hypovolemia
- Hypoxia
- Hydrogen Ion (Acidosis)
- Hypo/Hyperkalemia
- Hypothermia
- Tension Pneumothorax
- Tamponade (cardiac)
- Toxins
- Thrombus

- ☎ **PHYSICIAN CONSULT** to transport rVF patients with: age >75yrs, terminal diagnosis, unwitnessed arrest, non-cardiac etiology (known or suspected)