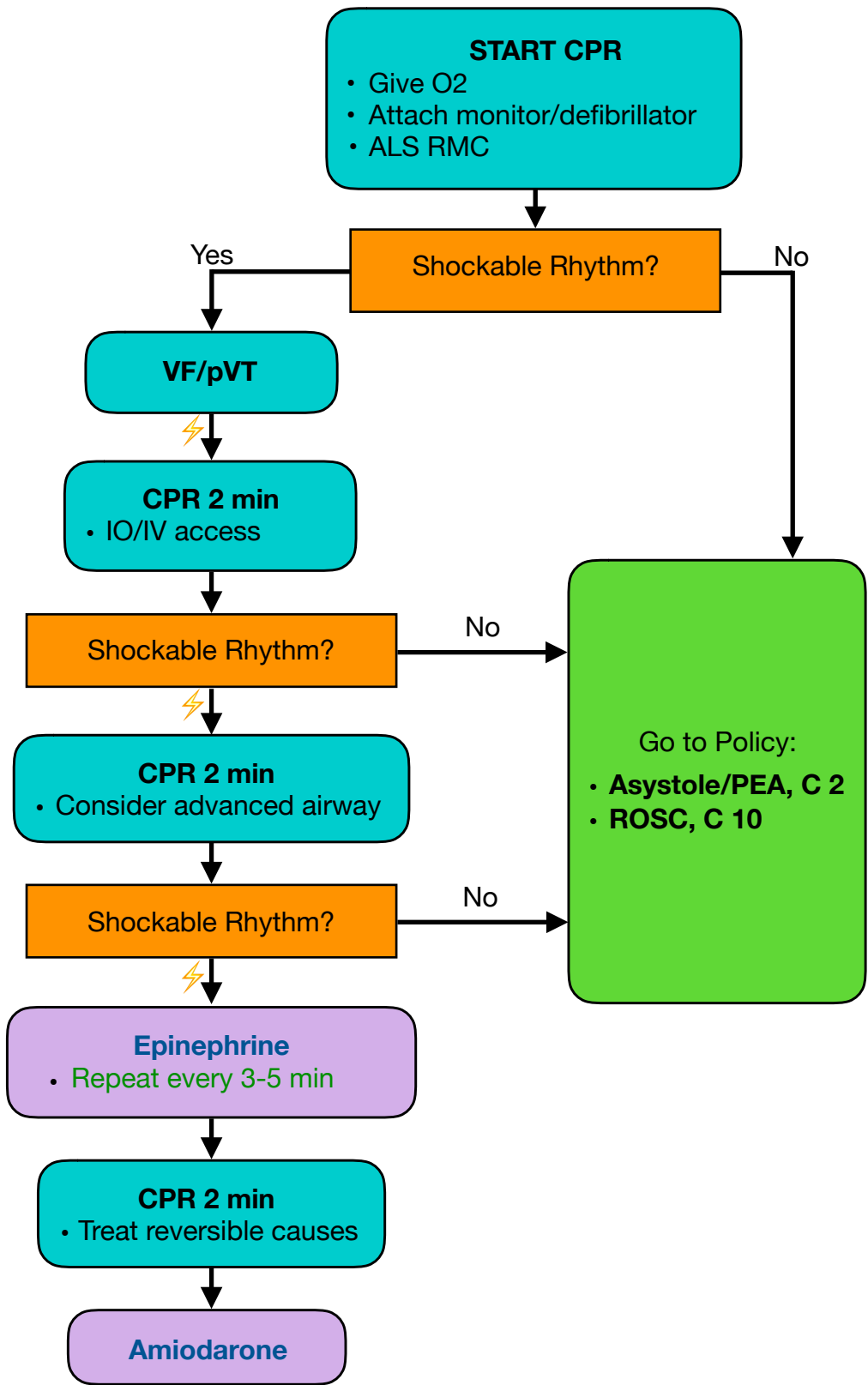


# V-FIB/PULSELESS V-TACH



**CRITICAL INFORMATION**

- 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**

- **Epinephrine** 1mg (0.1mg/ml) IV/IO. Repeat every 3-5 min
- **Amiodarone** first dose: 300mg IV/IO; second dose 150mg in 3-5 min.
  - If ROSC after **Amiodarone**, consider **Amiodarone drip** 150mg in 100ml NS, 1mg/min = 40gtts/min with 60gtt/ml tubing

**Reversible Causes**

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

• For refractory Vfib (3 unsuccessful shocks), transport to nearest available STEMI Receiving Center

• **PHYSICIAN CONSULT** for transport of patients with rVF and any of the following: >80 yrs, hospice, advanced dementia, irreversible neurological injury, active malignancy