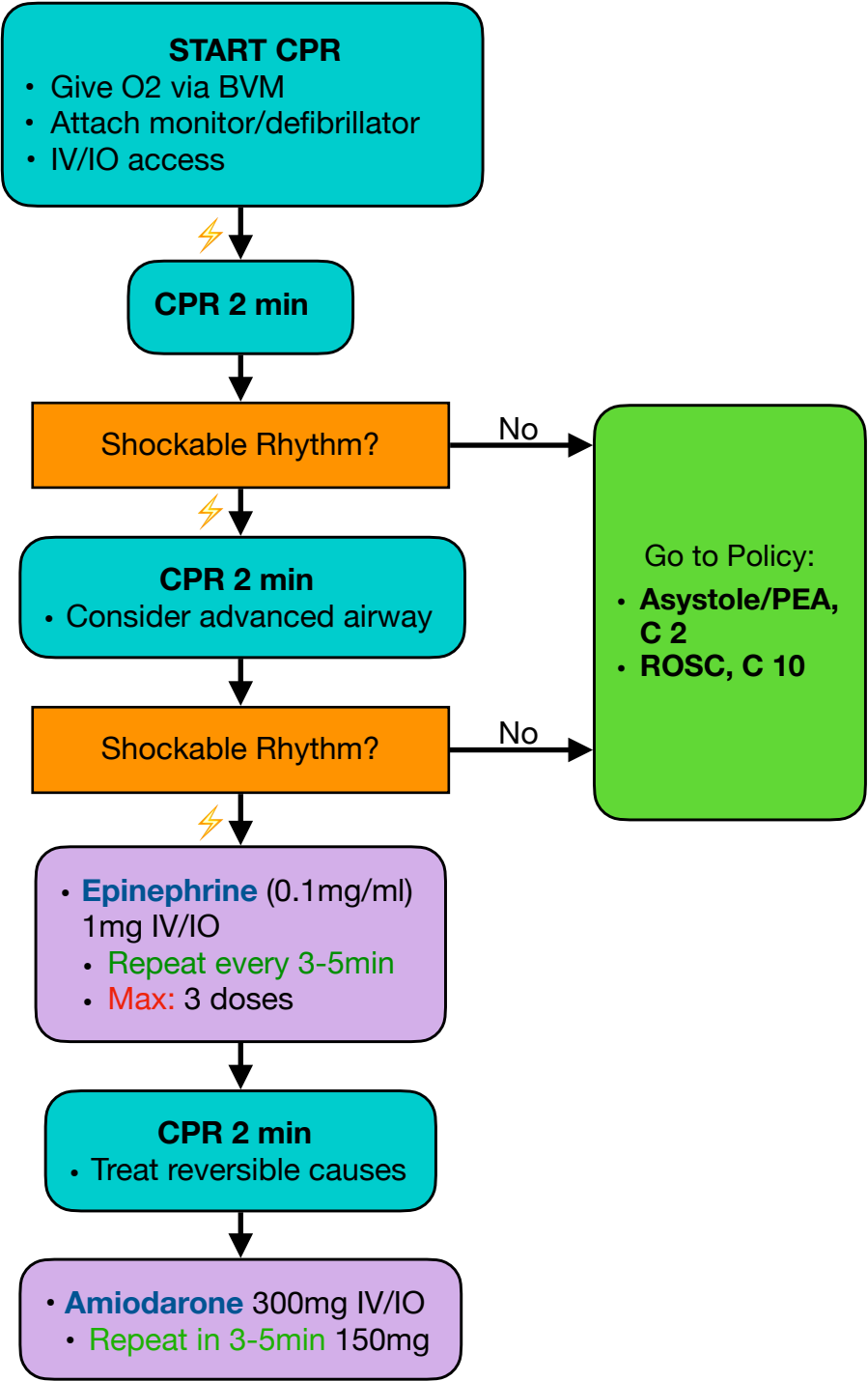


V-FIB/PULSELESS V-TACH



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
- Trauma

- DO NOT transport rVF patients with any of the following: >75yrs, hospice, advanced dementia, irreversible neurological injury, active malignancy
- 📞 **PHYSICIAN CONSULT** to transport rVF patients with: unwitnessed arrest, >5min prior to resuscitation initiation (bystander or EMS personnel), non-cardiac etiology known or suspected