






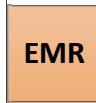
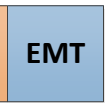








**Ventricular Fibrillation/
Pulseless Ventricular Tachycardia**



Legend	
	EMR
	EMT
	Intermediate
	Paramedic
	Medical Control

 EMT	 EMR	Not applicable. Emergency Medical Responders and Emergency Medical Technicians are not equipped with ACLS medications and shall treat the patient in accordance with current AHA guidelines and the system <i>Cardiac Arrest SMO</i> . (HPCPR)	 EMR	 EMT
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|  I | <ol style="list-style-type: none"> 1. Continue EMR/EMT care. 2. Evaluate rhythm after 2 minutes CPR. If VF/pulseless VT continue chest compressions while charging and then defibrillate per manufacturer's recommendations for biphasic monitors or 200J (or 360J for monophasic defibrillators). 3. Immediately resume CPR for 2 minutes and re-evaluate the patient/rhythm. 4. While performing CPR initiate IV/IO Normal Saline TKO. 5. Epinephrine (1:10,000) 1 mg IV/IO. 6. Evaluate rhythm after 2 minutes CPR. If VF/pulseless VT continue chest compressions while charging and then defibrillate per manufacturer's recommendations for biphasic monitors or 300J (or 360J for monophasic defibrillators). 7. Check rhythm, if still VF/pulseless VT continue, otherwise go to appropriate SMO. CPR for 2 minutes. 8. Evaluate rhythm after 2 minutes CPR. If VF/pulseless VT continue chest compressions while charging and then defibrillate per manufacturer's recommendations for biphasic monitors or 360J (or 360J for monophasic defibrillators). |  I |
|  P | <ol style="list-style-type: none"> 9. Intubate ONLY if it can be accomplished without interruptions to compressions and monitor with ETCO2. Confirm and maintain blind insertion airway device (BIAD) if already inserted. 10. Epinephrine, 1 mg 1:10,000 IV/IO. Repeat Epinephrine every 3-5 minutes. 11. CPR for 2 minutes. 12. Evaluate rhythm after 2 minutes CPR. If VF/pulseless VT continue chest compressions while charging and then defibrillate per manufacturer's recommendations for biphasic monitors or 360J (or 360J for monophasic defibrillators). 13. Lidocaine 1mg/kg of body weight IV or IO. 14. CPR for 2 minutes. 15. Evaluate rhythm after 2 minutes CPR. If VF/pulseless VT continue chest compressions while charging and then defibrillate per manufacturer's recommendations for biphasic monitors or 360J (or 360J for monophasic defibrillators). 16. Lidocaine may be repeated in 3–5 minutes at 0.5–0.75 mg/kg to total dose of 3 mg/kg if patient remains in VF/pulseless VT. 17. Dextrose: 50%: 25 g IV/IO if blood sugar is < 60 mg/dL. |  P |
|  MC | <ol style="list-style-type: none"> 18. ALS Only – For persistent VF/pulseless VT, perform a double-sequential shock (two sets of pads simultaneously charged and shocked). If this does not work, perform stacked shocks with one set of pads (charge to 360J and shock, charge to 360J and shock, charge to 360J and shock, resuming chest compressions during charging and immediately after shocking). If available. 19. ALS Only- Magnesium Sulfate 2g IV/IO may be given over 2-5 minutes for Torsades or persistent VF 20. ALS Only- administer Sodium Bicarb 50-100mEq IV for known dialysis patients or TCA overdoses only. 21. ALS Only- administer Calcium Chloride IV/IO 1g over 2 min for known dialysis patients, call Medical Control for further doses or questions. 22. Transport as soon as possible. 23. Contact receiving hospital as soon as possible. |  MC |

NOTE: ILS / ALS ONLY NOTE: If patient has history of renal disease or is known dialysis patient, do not give excessive fluids.
Be sure to treat the patient not the monitor. Protocols for cardiac arrest and lethal rhythms presume that the patient the patient remains pulseless, in cardiac arrest, and CPR is performed at all times according to AHA Guidelines for Healthcare Professionals.