

CARDIAC EMERGENCIES

Cardiac Arrest – Ventricular Fibrillation/Pulseless Ventricular Tachycardia C3

VENTRICULAR FIBRILLATION & PULSELESS VENTRICULAR TACHYCARDIA

Minimize interruptions in CPR

1. Assess need for initial CPR or defibrillation
 - For unwitnessed arrests or witnessed arrests with 5 minutes or more time elapsed without CPR before arrival of first responders, provide 2 minutes or 5 cycles of CPR.
 - For all other witnessed arrests, provide CPR until defibrillator available.
 - Do not interrupt CPR for advanced airway management in initial management (prior to CPR or first shock).
2. **DEFIBRILLATION** – 200 joules (low energy setting 120 joules) followed by immediate resumption of CPR
3. **CPR** for 2 minutes or 5 cycles
4. Advanced airway management (may be deferred if bag-mask ventilation adequate)
5. Rhythm check. **DEFIBRILLATION** – 300 joules (low energy setting 150 joules) followed by immediate resumption of CPR.
6. **IV or IO ACCESS**
7. **EPINEPHRINE 1:10,000** 1 mg IV or IO – repeat every 3-5 minutes – can be given before or after second shock
8. **CPR** for 2 minutes or 5 cycles
9. Rhythm check. **DEFIBRILLATION** – 360 joules (low energy setting 200 joules) followed by immediate resumption of CPR.
10. If rhythm persists, **AMIODARONE** 300 mg IV or IO, followed by IV/IO flush with 20 ml NS. Can be given before or after third shock.
11. **CPR** for 2 minutes or 5 cycles
12. Rhythm check. **DEFIBRILLATION** – 360 joules (low energy setting 200 joules) followed by immediate resumption of CPR.
13. If rhythm persists, **AMIODARONE** 150 mg IV or IO, 3-5 minutes after initial dose, followed by IV/IO flush with 20 ml NS.
14. Prepare for transport
15. Consider:
 - **SODIUM BICARBONATE** 1 mEq/kg IV or IO for suspected hyperkalemia, profound acidosis or prolonged down time with return of circulation. Do not give if ventilation ineffective.
16. **Contact Base Hospital if any questions or if additional therapy is required**