VENTRICULAR DYSRHYTHMIAS: VENTRICULAR FIBRILLATION/ VENTRICULAR TACHYCARDIA WITHOUT A PULSE

Revised 7/06

ACTION/TREATMENT:

- ABCs/monitor cardiac rhythm.
- · Perform 2 minutes of CPR.
 - If arrest is witnessed by EMS responders, immediately defibrillate.
- Defibrillate x 1 using maximum energy or as per manufacturer's recommendation.
 - > Continue CPR while defibrillator is charging.
 - Resume CPR for 2 minutes immediately after shock, starting with compressions.
- Rhythm check. Pulse check only if organized rhythm. Should take no more than 10 seconds.
- Continue CPR in 2 minute blocks, always starting with compressions.
 - Change person doing compressions every 2 minutes.
 - Perform rhythm check and pulse check (if indicated) during change over.
- Defibrillate PRN for continued ventricular fibrillation; use maximum energy level or as recommended by manufacturer.
- IV access when able, rate titrated to perfusion. Do not interrupt CPR to establish IV.
 - When IV is available, and as indicated by rhythm check, administer medications during CPR.
 - Epinephrine:

1 mg
1:10,000 IVP every 3-5 minutes.
ET: Epinephrine 1:1000 10 mg once.

Lidocaine: Initial dose:

• 1 or 1.5 mg/kg IVP.

Subsequent doses (given at 3 to 5 minute intervals):

• 0.5 or 0.75 mg/kg IVP (half of the initial dose).

Limit of 150 mg / IVP dose. Maximum total dose: 3 mg/kg.

• Establish ALS airway when able. Minimize interruptions to CPR to establish airway.

Pediatric:

• Defibrillation energy: 2 J/Kg-4 J/Kg-4 J/Kg.

• Epinephrine: 0.01 mg/kg 1:10,000 IVP every 3-5 minutes.

Lidocaine: 1 mg/kg IVP.

NOTES:

- CPR ratio of 30 compressions:2 ventilations (15:2 for peds). After ALS airway is placed, ventilate adult at 8-10 breaths per minute and peds at 12-20 breaths per minute. Deliver each breath over 1 second; do not pause chest compressions to deliver breaths.
- Document the Joules administered for defibrillation.

Boxed text indicates BH order

Unboxed text indicates standing order

Approved:

Bully 10

TxGuide:cardiac:C-45
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