

# Cardiac Arrest – VF/VT

## ADULT

## PEDIATRIC

### BLS Procedures

Initiate Cardiac Arrest Management (CAM) Protocol per VCEMS Policy 733  
Airway management per VCEMS Policy 710

#### Defibrillation (AP pad placement)

- q 2 minutes
- If VF/VT refractory to 3 defibrillations
  - 1 defibrillator: leave AP pads in place, put new pads on opposing vector (AL) and defibrillate using new vector
  - 2 defibrillators: place additional set of pads on opposing vector (AL) and attach to second defibrillator for Double Sequential Defibrillation (DSD)
    - DSD: defibrillate via both defibrillators sequentially (one after the other without delay)
- If recurrent VF/VT: use last successful defibrillation method and progress as appropriate

### ALS Standing Orders

**Manual Defibrillation settings:** Lifepak 360 joules, Zoll 200 joules

**Manual Defibrillation settings-escalating energy:** 2, 4, 6, 8 joules/kg

#### IV or IO access

#### IV or IO access

#### Epinephrine 0.1 mg/mL (Administer ASAP)

- IV/IO – 1 mg (10 mL) q 6 min
- Repeat x 2 for max of 3 doses during initial arrest
- If ROSC then re-arrest: additional 3 doses may be administered

#### Epinephrine 0.1 mg/mL (Administer ASAP)

- IV/IO – 0.01mg/kg (0.1 mL/kg) q 6 min
- Repeat x 2 for max of 3 doses during initial arrest.
- If ROSC then re-arrest and additional 3 doses may be administered

#### Amiodarone

- IV/IO – 300 mg, after second defibrillation
- If VT/VF persists – 150 mg IV/IO in 3-5 minutes

#### Amiodarone

- IV/IO – 5 mg/kg, after second defibrillation
- If VT/VF persists – repeat 5 mg/kg x 2 q 3-5 minutes

#### Normal Saline

- IV/IO – 1 Liter bolus

#### Normal Saline

- IV/IO – 20 mL/kg bolus

#### Magnesium Sulfate (For Torsades de Pointes)

- IV/IO – 2 g over 2 min
- Repeat x 1 in 5 min

#### Magnesium Sulfate (For Torsades de Pointes)

- IV/IO – 50 mg/kg over 2 min
- Repeat x 1 in 5 min

Treat underlying causes when identified:

Renal Failure / History of Dialysis

#### Calcium Chloride

- IV/IO – 1g
- Repeat x 1 in 10 min

Treat underlying causes when identified:

Renal failure / History of Dialysis

#### Calcium Chloride

- IV/IO – 20 mg/kg
- Repeat x 1 in 10 min

#### Sodium Bicarbonate

- IV/IO – 1 mEq/kg
- Repeat 0.5 mEq/kg x 2 q 5 min

#### Sodium Bicarbonate

- IV/IO – 1 mEq/kg
- Repeat 0.5 mEq/kg x 2 q 5 min

#### Tricyclic Antidepressant Overdose

#### Sodium Bicarbonate

- IV/IO – 1 mEq/kg
- Repeat 0.5 mEq/kg x 2 q 5 min

#### Tricyclic Antidepressant Overdose

#### Sodium Bicarbonate

- IV/IO – 1 mEq/kg
- Repeat 0.5 mEq/kg x 2 q 5 min

#### ALS Airway Management

- Ventilate by BLS measures. If indicated, initiate appropriate advanced airway procedures in accordance with VCEMS Policy 710

#### ALS Airway Management

- Ventilate by BLS measures. If indicated, initiate appropriate advanced airway procedures in accordance with VCEMS Policy 710

### Base Hospital Orders Only

**Consult with ED Physician for further treatment measures**

Additional Information:

- If sustained ROSC (>30 seconds), activate VF/VT alarm and initiate post arrest resuscitation as outlined in VCEMS Policy 733.
- For termination of resuscitation, transport decisions, and use of base hospital consult reference VCEMS Policy 733.
- If patient is hypothermic: Limit treatment to ONE round of medication and SIX defibrillations prior to Base Hospital contact. Field determination of death is discouraged in these patients and they should be transported to the most accessible receiving facility.
- Ventricular Tachycardia (VT) is a rate > 150 bpm