

# SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 01/01/11  
Supersedes: 08/01/07

Protocol: P-009.3

## CARDIAC ARREST: VENTRICULAR FIBRILLATION/ PULSELESS VENTRICULAR TACHYCARDIA

### SUBJECTIVE FINDINGS

- See CARDIAC ARREST: OVERVIEW Protocol (P-009).

### OBJECTIVE FINDINGS:

- Confirm apnea, pulselessness.
- Confirm V-Fib or V-Tach on monitor.

BLS Treatment	ALS Treatment
<ul style="list-style-type: none"><li>• Assess ABC's.</li><li>• Start CPR if indicated (See Guidelines for Determining Death in the Field Policy).</li><li>• Ensure adequacy of CPR.</li><li>• Attach AED and utilize as required.</li><li>• Obtain quick, resuscitation-oriented patient history from by-standers if possible.</li></ul>	<ul style="list-style-type: none"><li>• Ensure adequacy of CPR.</li><li>• Defibrillate as needed (150J) for biphasic; OR equivalent monophasic; per manufacture's instructions; (see PRECAUTIONS AND COMMENTS).</li><li>• Advanced Airway Management; confirm tube placement</li><li>• IV of NS.</li><li>• <b>Epinephrine</b> (1:10,000) 1 mg IVP, repeat q 3 to 5 min.</li><li>• Defibrillate (150J) for biphasic; OR equivalent monophasic; per manufacture's instructions).</li><li>• <b>Amiodarone</b> 300 mgs slow IVP – consider repeating <b>Amiodarone</b> 150 mgs slow IVP in 3-5 minutes for refractory VF/VT (see PRECAUTIONS AND COMMENTS).</li><li>• Defibrillate (150J) for biphasic; OR equivalent monophasic; per manufacture's instructions).</li><li>• <b>Sodium Bicarbonate</b> 1mEq/kg IVP.for suspected hyperkalemia (renal failure, dialysis, potassium ingestion), DKA, or tricyclic or phenobarbital overdose.</li><li>• <b>Calcium Chloride</b> 1 gram slow IVP (over 1-2 minutes) for suspected hyperkalemia or calcium channel blocker overdose.</li><li>• Defibrillate (150J) for biphasic; OR equivalent monophasic; (per manufacture's instructions) every 2 minutes as indicated by the rhythm.</li><li>• If patient is restored to an organized rhythm but remains hypotensive (SBP &lt; 90), administer <b>Dopamine</b> 5-20 mcg/kg/min IV infusion, titrate to SBP &gt; 90 mmHg. For Torsades de Pointe or VF/VT with suspected hypomagnesemia, <b>Magnesium Sulfate</b> 1-2 grams diluted in 100 ml NS administered as an infusion over 10 min.</li></ul>

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## DOCUMENTATION

- Intubation with confirmation of proper placement.
- IV of NS placement.
- Proper drug sequence.

## PRECAUTIONS AND COMMENTS

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- Defibrillation energy levels vary according to the type of waveform, biphasic or monophasic, follow manufacture's instructions when defibrillating. Many devices used for public access defibrillation programs have a single energy setting.
- Patients should be observed closely for signs of side effects of **Amiodarone** including hypotension in perfusing patients and prolonged QT intervals.
- When administering **Amiodarone** via IVP flush tubing with 20 ml of NS between dosages.