V-FIB/Pulseless V-Tach (125)

Base Hospital Contact Required	Base Hospital Contact Required

125 V-FIB/PULSELESS V-TACH

For patients < 18 years begin transport after 10 minutes of High-Performance CPR or if ROSC is achieved

Special considerations

1. Chest compressions should be interrupted only for ventilation (unless an advance airway is placed), rhythm checks and shock delivery.

2. For a cardiac arrest patient in VF/VT who has a body temperature of <30°C (<86°F), a single defibrillation attempt is appropriate. If the patient fails to respond to the initial defibrillation attempt, defer subsequent attempts and drug therapy until the core temperature rises above 30°C (86°F). The hypothermic heart may be unresponsive to drug therapy, defibrillation, and pacemaker therapy. Drug metabolism is reduced which may allow drug levels to accumulate to toxic levels with standard dosing regimens.

3. For patients in moderate hypothermia with a body temperature of 30°C to 34°C (86°F to 93.2°F), attempt defibrillation and give medications spaced at longer intervals.

4. Priorities during cardiac arrest are high-quality CPR and early defibrillation. Insertion of advanced airway and drug administration are of secondary importance.

5. General priorities for vascular access during resuscitation are:

   - IV route
   - IO route

   If reliable IV access cannot be established quickly, establish IO access.

   Drugs given by the IV route take 1 to 2 minutes to reach the central circulation. When administering medications by the IV route, administer as follows:

   - Give bolus injection, unless otherwise specified.
   - Follow with a 10 mL bolus of IV fluid.
   - Elevate extremity for 10 to 20 seconds to facilitate delivery to central circulation.

6. If Lidocaine was used to convert rhythm, follow with continuous infusion of adult 1-4mg/min, pediatrics 20-50 mcg/kg/min during the post-resuscitation period.

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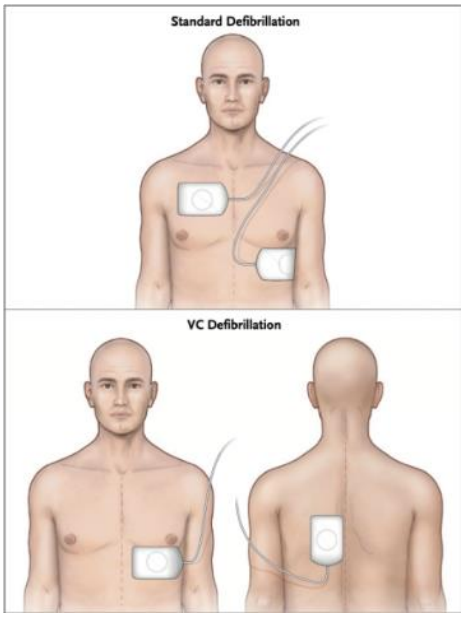
7. If persistent VF/pulseless VT after third defibrillation, begin Vector Change. Vector Change is achieved by changing orientation of pads from anterior-lateral to anterior-posterior.. If no improvement with Vector Change and persistent VF/pulseless VT may use dual sequential defibrillation by using the pads used in Vector Change with two separate defibrillators. If persistent or recurrent VF/VT resuscitation beyond 30 minutes is recommended..

Vector Change vs Standard Defibrillation



Energy Doses for Defibrillation

LIFEPAK	Adult energy dose	Pediatric energy dose Joules/kg
1st	200J	2 J/kg
2nd	300J	4 J/kg
3rd	360J	6 J/kg
4th	360J	8 J/kg
ZOLL-X	**Adult energy dose**	**Pediatric energy dose Joules/kg**
1st	200J	2 J/kg
2nd	200J	4 J/kg
3rd	200J	6 J/kg
4th	200J	8 J/kg