



CARDIAC ARREST VF/VT	
ADULT	PEDIATRIC – (14 years and under)
BLS Procedures	
<i>Perform Cardiac Arrest Management</i> <ul style="list-style-type: none">Initiate CompressionsApply AED & Defibrillate as IndicatedAirway Management<ul style="list-style-type: none">Refer to Policy 533-02: Airway ManagementRefer to Policy 533-9a: Cardiac Arrest Management	<i>Perform Cardiac Arrest Management</i> <ul style="list-style-type: none">Neonatal Resuscitation (0 to 28 days old)<ul style="list-style-type: none">Refer to 533-31 Neonatal ResuscitationInitiate CompressionsApply AED & Defibrillate as IndicatedAirway Management<ul style="list-style-type: none">Refer to Policy 533-02: Airway ManagementRefer to Policy 533-9a: Cardiac Arrest Management
Expanded Scope	
Same as BLS	Same as BLS
ALS Prior to Base Hospital Contact	
<i>Defibrillation</i> <ul style="list-style-type: none">Defibrillate every 2 minutes (as indicated) using highest Joule setting<ul style="list-style-type: none"><i>Zolt:</i> 200<i>LifePak:</i> 360 <i>Perform the Following</i> <ul style="list-style-type: none">Vascular AccessCardiac Monitor – Paddles ModeAirway Management<ul style="list-style-type: none">Maintain and ensure airway patencyRefer to Policy 533-02: Airway Management Epinephrine – 0.1mg/1mL <ul style="list-style-type: none">IV/IO – 1mg (10mL) every 3-5 min Amiodarone <ul style="list-style-type: none">IV/IO – 300mg after 2nd defibrillation<ul style="list-style-type: none">Repeat 150mg if VT/VF persists after 3 minutesMax Total Dose 450mg Normal Saline <ul style="list-style-type: none">IV/IO – 1000mL <i>Torsades de Pointes</i> Magnesium Sulfate <ul style="list-style-type: none">IV/IO – 2g over 2 min (Slow IVP)<ul style="list-style-type: none">Repeat x 1 in 5 min <i>Suspected Renal Failure or Suspected Hyperkalemia</i> Calcium Chloride <ul style="list-style-type: none">IV/IO – 1g<ul style="list-style-type: none">Repeat x 1 in 10 min Sodium Bicarbonate <ul style="list-style-type: none">2nd vascular access site if availableIV/IO – 1mEq/kg<ul style="list-style-type: none">Repeat 0.5mEq/kg x 2 every 5 min <i>Tricyclic Antidepressant Overdose</i> Sodium Bicarbonate <ul style="list-style-type: none">IV/IO – 1mEq/kg<ul style="list-style-type: none">Repeat 0.5mEq/kg every 5 min	<i>Defibrillation</i> <ul style="list-style-type: none">Defibrillate every 2 minutes using escalating Joules doses<ul style="list-style-type: none">2, 4, 6, 8, 10 Joules/kg (or adult dose)If the patient rearrests, initial defibrillation should be at the last successful energy level, then escalate as indicated <i>Perform the Following</i> <ul style="list-style-type: none">Vascular AccessCardiac Monitor – Paddles ModeAirway Management<ul style="list-style-type: none">Maintain and ensure airway patencyRefer to Policy 533-02: Airway Management Epinephrine – 0.1mg/1mL <ul style="list-style-type: none">IV/IO – 0.01mg/kg (0.1mL/kg) every 3-5 min Amiodarone <ul style="list-style-type: none">IV/IO – 5mg/kg (max 300mg) after 2nd defibrillationIf VT/VF persists, may repeat 5mg/kg (max 150mg) every 5 minutes x 2Max Total Dose of 15mg/kg or 450mg (whichever is lower) Normal Saline <ul style="list-style-type: none">IV/IO – 20mL/kg <i>Torsades de Pointes</i> Magnesium Sulfate <ul style="list-style-type: none">IV/IO – 50mg/kg over 2 min (Slow IVP)<ul style="list-style-type: none">Max 2000mg <i>Suspected Renal Failure or Suspected Hyperkalemia</i> Calcium Chloride <ul style="list-style-type: none">IV/IO – 20mg/kg<ul style="list-style-type: none">Repeat x 1 in 10 min Sodium Bicarbonate <ul style="list-style-type: none">2nd vascular access site if availableIV/IO – 1mEq/kg<ul style="list-style-type: none">Repeat 0.5mEq/kg x 2 every 5 min <i>Tricyclic Antidepressant Overdose</i> Sodium Bicarbonate <ul style="list-style-type: none">IV/IO – 1mEq/kg<ul style="list-style-type: none">Repeat 0.5mEq/kg every 5 min



Base Hospital Physician Orders Only

Consult with ED Physician for further treatment measures

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Additional Information

ROSC > 30 Seconds

- Initiate Post-Arrest Resuscitation
- Refer to [Policy 533-9a: Cardiac Arrest Management](#)

Hypothermic Patients

- Refer to [Policy 533-9a: Cardiac Arrest Management](#)

Modifications for Pregnancy

- Refer to [Policy 533-9a: Cardiac Arrest Management](#)

Miscellaneous

- **EMS personnel must contact the BH prior to termination of resuscitation for all cardiac arrests regardless of rhythm.**
- Ventricular tachycardia (VT) is a rate > 150 bpm
- EMS Personnel must perform 20 minutes of resuscitation at a minimum while on scene of a cardiac arrest except when:
 - Patient is in persistent VF/VT, at which point, resuscitation must be ≥30 minutes;
 - Refer to [Policy 533-9a: Cardiac Arrest Management](#)
 - The scene is unsafe/unworkable;
 - EMS is presented with an active DNR/POLST; or
 - Base Hospital Orders have been obtained to terminate outside of the parameters mentioned above.
- After minimum resuscitation time and BH contact, EMS personnel may terminate resuscitation efforts.
- **Naloxone** and assessing **BGL** are not indicated for patients in cardiac arrest, but if ROSC is achieved, **Naloxone** and **BGL** may be considered.

ROSC > 30 Seconds

- Initiate Post-Arrest Resuscitation
- Refer to [Policy 533-9a: Cardiac Arrest Management](#)
- All pediatric resuscitation patients are to be transported to the closest hospital.

Hypothermic Patients

- Refer to [Policy 533-9a: Cardiac Arrest Management](#)

Modifications for Pregnancy

- Refer to [Policy 533-9a: Cardiac Arrest Management](#)

Miscellaneous

- Ventricular tachycardia (VT) is a rate > 150 bpm
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