VF or pVT - Adult 4/5/6.14.2 **EMT** Version 5, 01/2021 From BLS VF or VT Adult CPG nitiate mobilisation of 3 to 4 AP ractitioners/responders Immediate IO access if IV Go to Post Resuscitation -ROSC-Care CPG Defibrillate Yes Go to VF/VT PEA CPG Advanced airway management Rhythm Consider Adrenaline (1:10 000) 1mg IV/IO Asystole CPG Asystole mechanical CPR check * assist device NaCl (0.9%) IV/IO consider transport to 500mL ED if no change after 20 minutes resuscitation f no ALS availabl , 29 Inn im If torsades de pointes consider Magnesium Sulphate 2g IV/IO If refractory VF/pVT post Adrenaline and Special Authorisation: Advanced Paramedics are Amiodarone 300mg IV/IO authorised to substitute Amiodarone with a one off bolus end dose (if required post 5th shock) of Lidocaine (100mg IV) if Amiodarone is not available Amiodarone 150mg IV/IO Tricyclic antidepressant toxicity or harness induced suspension trauma consider appropriate: Hydrogen ion acidosis Sodium Bicarbonate (8.4%) 1mEq/kg IV/IO Hyper/ hypokalaemia Hypothermia Hypovolaemia Hypoxia Thrombosis – pulmonary Tension pneumothorax Thrombus – coronary Tamponade – cardiac **Toxins** Trauma



 $[\]mbox{\ensuremath{^{\star}}}$ +/- Pulse check: pulse check after 2 minutes of CPR if potentially perfusing rhythm