

VENTRICULAR FIBRILLATION

PULSELESS VENTRICULAR TACHYCARDIA

3-5 kg	6-7 kg	8-9 kg	10-11 kg	12-14 kg	15-18 kg	19-23 kg	24-29 kg	30-36 kg
6-11 lbs	13-15 lbs	18-20 lbs	22-24 lbs	26-31 lbs	33-40 lbs	42-51 lbs	53-64 lbs	66-81 lbs
18-24 in	24-26 in	26-29 in	29-33 in	33-38 in	38-43 in	43-48 in	48-52 in	52-57 in

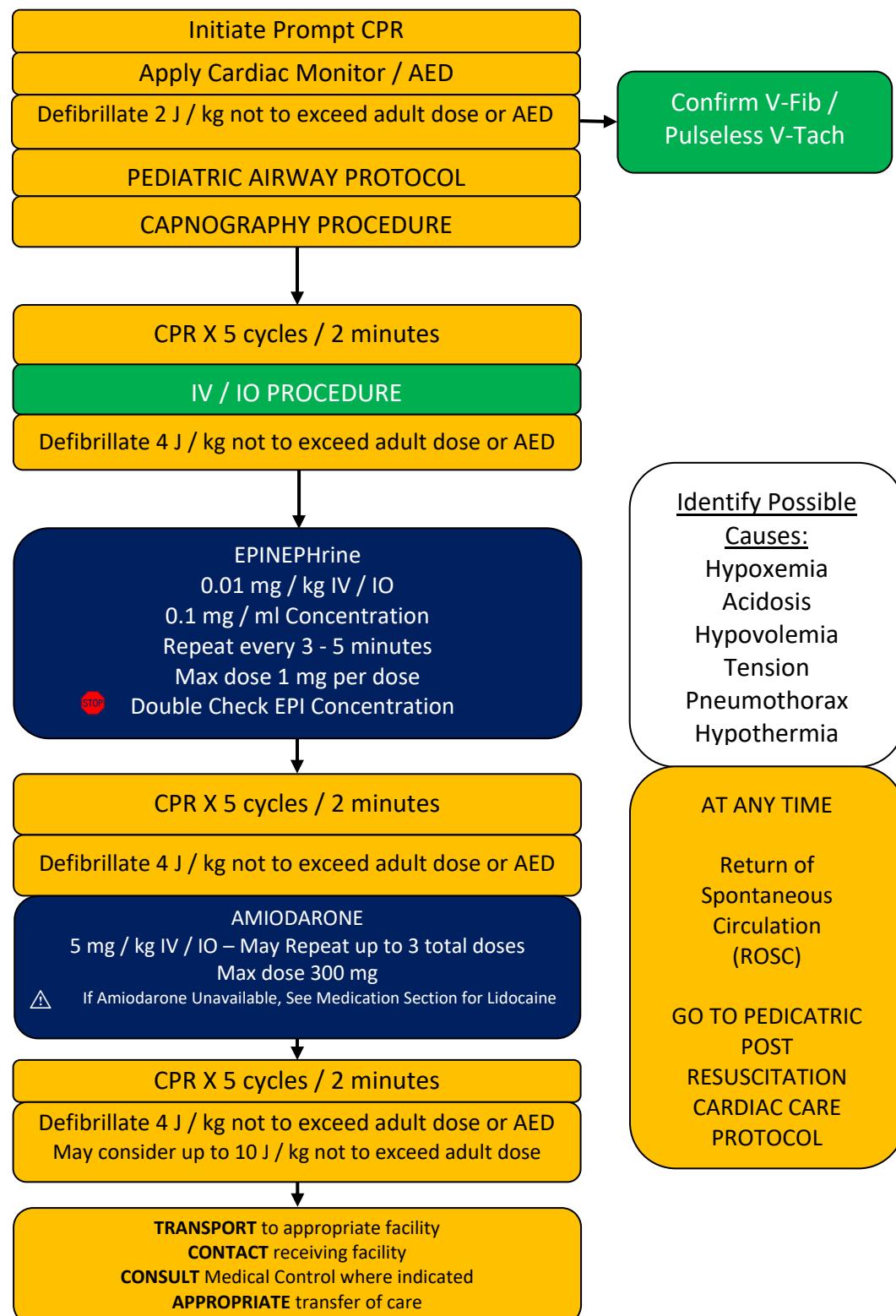
Airway / Breathing

Circulation / Shock

Cardiac

Medical

Trauma



EMT Intervention

AEMT Intervention

PARAMEDIC Intervention

Online Medical Control

VENTRICULAR FIBRILLATION

PULSELESS VENTRICULAR TACHYCARDIA

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> • Time of arrest • Medical history • Medications • Possibility of foreign body • Hypothermia 	<ul style="list-style-type: none"> • Unresponsive • Cardiac arrest 	<ul style="list-style-type: none"> • Respiratory failure • Foreign body • Secretions • Infection (croup, epiglottitis) • Hypovolemia (dehydration) • Congenital heart disease • Trauma • Tension pneumothorax • Hypothermia • Toxin or medication • Hypoglycemia • Acidosis

Do Not Confuse EPINEPHrine 1 mg / ml and 0.1 mg / ml

KEY POINTS
<ul style="list-style-type: none"> • Exam: Mental Status • Monophasic and Biphasic waveform defibrillators should use the same energy levels noted. • In order to be successful in pediatric arrests, a cause must be identified and corrected. • Airway is the most important intervention. This should be accomplished immediately. Patient survival is often dependent on airway management success. • If the patient converts to another rhythm, follow the appropriate protocol and treat accordingly. • If the patient converts back to ventricular fibrillation or pulseless ventricular tachycardia, defibrillate at the previously used setting. • Defibrillation is the definitive therapy for ventricular fibrillation and pulseless ventricular tachycardia. • Defibrillate 30 - 60 seconds after each medication administration. • The proper administration sequence is CPR (continuous), shock, drug, shock, drug.