

Cardiac Arrest – VF/VT	
ADULT	PEDIATRIC
BLS Procedures	
Initiate Cardiac Arrest Management (CAM) Protocol Airway management per VCEMS policy	
ALS Standing Orders	
Defibrillate <ul style="list-style-type: none"> Defibrillate q 2 minutes as indicated <ul style="list-style-type: none"> Lifepak 360 Joules Zoll 200 Joules IV or IO access & PRESTO Blood draw <p>Epinephrine* 0.1 mg/mL Administer ASAP goal ≤6 minutes</p> <ul style="list-style-type: none"> IV/IO – 1 mg (10 mL) q 6min Repeat x 2 for max of 3 doses during initial arrest. If ROSC then re-arrest an additional 3 doses may be administered. <p>Amiodarone</p> <ul style="list-style-type: none"> IV/IO – 300 mg – after second defibrillation If VT/VF persists, 150 mg IV/IO in 3-5 minutes <p>Normal Saline</p> <ul style="list-style-type: none"> IV/IO bolus 1 Liter <p>ALS Airway Management</p> <ul style="list-style-type: none"> If unable to ventilate by BLS measures, initiate appropriate advanced airway procedures in accordance with policy 710. <p>When Torsades de Pointes is identified:</p> <ul style="list-style-type: none"> Magnesium Sulfate <ul style="list-style-type: none"> IV/IO – 2 g over 2 min Repeat x 1 in 5 min <p>Treat underlying causes when identified:</p> <p>Renal Failure / History of Dialysis:</p> <ul style="list-style-type: none"> Calcium Chloride IV/IO – 1g Repeat x 1 in 10 min Sodium Bicarbonate <ul style="list-style-type: none"> IV/IO – 1 mEq/kg Repeat 0.5 mEq/kg x 2 q 5 min <p>Tricyclic Antidepressant Overdose:</p> <ul style="list-style-type: none"> Sodium Bicarbonate <ul style="list-style-type: none"> IV/IO – 1 mEq/kg Repeat 0.5 mEq/kg x 2 q 5 min 	Defibrillate <ul style="list-style-type: none"> Defibrillate q 2 minutes as indicated using escalating joules doses <ul style="list-style-type: none"> 2, 4, 6, 8 joules/kg IV or IO access & PRESTO Blood Draw <p>Epinephrine* 0.1mg/mL Administer ASAP goal ≤ 6 minutes</p> <ul style="list-style-type: none"> IV/IO – 0.01mg/kg (0.1 mL/kg) q 6 min Repeat x 2 for max of 3 dose during initial arrest. If ROSC then re-arrest and additional 3 doses may be administered. <p>Amiodarone</p> <ul style="list-style-type: none"> IV/IO – 5 mg/kg – after second defibrillation If VT/VF-persists, repeat 5 mg/kg x 2 q 3-5 minutes <p>Normal Saline</p> <ul style="list-style-type: none"> IV/IO 20 mL/kg bolus <p>ALS Airway Management</p> <ul style="list-style-type: none"> If unable to ventilate by BLS measures, initiate appropriate advanced airway procedures in accordance with policy 710. <p>When Torsades de Pointes is identified:</p> <ul style="list-style-type: none"> Magnesium Sulfate <ul style="list-style-type: none"> IV/IO – 50 mg/kg over 2 min Repeat x 1 in 5 min <p>Treat underlying causes when identified:</p> <p>Renal failure / History of Dialysis:</p> <ul style="list-style-type: none"> Calcium Chloride IV/IO – 20 mg/kg Repeat x 1 in 10 min Sodium Bicarbonate <ul style="list-style-type: none"> IV/IO – 1 mEq/kg Repeat 0.5 mEq/kg x 2 q 5 min <p>Tricyclic Antidepressant Overdose:</p> <ul style="list-style-type: none"> Sodium Bicarbonate <ul style="list-style-type: none"> IV/IO – 1 mEq/kg Repeat 0.5 mEq/kg x 2 q 5 min
Base Hospital Orders Only	
Consult with ED Physician for further treatment measures*	
<p>Additional Information:</p> <ul style="list-style-type: none"> If sustained ROSC (>30 seconds), activate VF/VT alarm and initiate post arrest resuscitation as outlined in Policy 733: Cardiac Arrest management and Post Arrest Resuscitation. For termination of resuscitation, transport decisions, and use of base hospital consult reference Policy 733: Cardiac Arrest Management and Post Arrest Resuscitation If patient is <u>hypothermic</u>—only ONE round of medication administration and limit <i>defibrillation to 6 times</i> prior to Base Hospital contact. Field determination of death is discouraged in these patients and they should be transported to the most accessible receiving facility Ventricular tachycardia (VT) is a rate > 150 bpm 	