



## ADULT CARDIAC ARREST ACA-05

## VENTRICULAR FIBRILLATION/PULSELESS VENTRICULAR TACHYCARDIA

Page 1 of 1  
Last Revision:  
09/06/2019

### History and Physical:

Historical Findings	Physical Findings
<ul style="list-style-type: none"><li>Medical etiology</li></ul>	<ul style="list-style-type: none"><li>Pulseless and apneic</li><li>VF/VT</li><li><b>Determine if resuscitation is medically appropriate</b><ul style="list-style-type: none"><li>Proper DNR documentation</li></ul></li></ul>

### Assessment:

- Cardiac Assessment

Perform at least 20 minutes of quality compressions (verified by CPR feedback device if available) prior to moving patient unless environment is unsuitable.

**DO NOT INTERRUPT COMPRESSIONS FOR ALS PROCEDURES**

### Clinical Management Options:

Interventions	Pharmacology
<ul style="list-style-type: none"><li>Pit-Crew CPR</li><li>Defibrillation<ul style="list-style-type: none"><li>200 J</li><li>Repeat q 2 minutes</li></ul></li><li>Double-sequential defibrillation for refractory VF/VT</li></ul>	<ul style="list-style-type: none"><li><b>Epinephrine</b> 1:10,000 or 1:1,000 1mg IV/IO<ul style="list-style-type: none"><li>May repeat x 1 q 3-5 minutes</li><li>Emphasis on early administration</li><li>If utilizing 1:1,000 dilute 1:10 with NS</li></ul></li><li><b>Amiodarone</b> 300mg IV/IO<ul style="list-style-type: none"><li>May repeat at 150mg after 10 minutes</li></ul></li><li><b>Esmolol</b> 0.5mg/kg IV/IO<ul style="list-style-type: none"><li>Refractory VF/VT</li></ul></li></ul>

### Consult:

- Do not terminate CPR efforts for VF/VT

### Considerations:

- CONSIDER Hs & Ts EARLY!
- Naloxone if suspected overdose
- Calcium and sodium bicarbonate if suspected hyperkalemia
- Sodium Bicarbonate for suspected toxins
- Refractory VF/VT is defined as VF/VT resistant to epinephrine X 2, defibrillation x 2 and 300mg Amiodarone