MCHD	**PEDIATRIC CARDIAC** **PC-08**	**VENTRICULAR FIBRILLATION PULSELESS VENTRICULAR TACHYCARDIA**	**Page 1 of 1** **Last Revision: 09/06/2019**

.History and Physical:

Historical Findings	Physical Findings
▪ Medical Etiology ▪ Search for etiology with focus on respiratory compromise	▪ Unconscious ▪ Pulseless ▪ Agonal respirations/apnea ▪ **EKG Findings:** V-fib or pulseless V-tach

Assessment:

- Cardiac Assessment
- Consider non-cardiac causes

Clinical Management Options:

Interventions	Pharmacology
▪ Defibrillation o Should be done during rotation of compressor to reduce hands off period using the following energy settings - 2 j/kg - 4 j/kg - 4 j/kg o Do not repeat defibrillation and do not medicate if temperature is below 85° F ▪ BVM ventilation with 100% O_2 ▪ ResQPOD o Remove immediately if ROSC occurs ▪ Maintain open airway with OPA ▪ Continuous CPR ▪ Intubate ▪ Vascular access	▪ **Epinephrine** 0.01 mg/kg (0.1 ml/kg 1:10,000) IV/IO o May repeat x 1 o Emphasis on early adminstration ▪ **Lidocaine** 1 mg/kg IV/IO ▪ **Sodium Bicarbonate** 1 mEq/kg IV/IO o For suspected toxin/hyperkalemia ▪ **Naloxone** 0.1 mg/kg IV/IO/IN o For suspected opiate overdose o Max single dose of 2 mg o Repeat q 2-3 minutes ▪ **Magnesium sulfate** 25-50 mg/kg IV/IO o For torsades de pointes or hypomagnesia o Maximum dose of 2 grams

Considerations:

- If V-fib or pulseless V-tach reoccurs after transiently converting, defibrillate at whatever energy level has previously been successful for defibrillation.
- 5 initial breaths if drowning in nature