

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

Effective Date: December 1, 2020  
Next Review Date: October 31, 2022

Date Revised: October 8, 2020  
Last Reviewed: October 8, 2020

  
 VCEMS Medical Director