

Ventricular Fibrillation Pulseless Vent. Tachycardia



History

- Estimated down time
- Past medical history
- Medications
- Events leading to arrest
- Renal failure / dialysis
- DNR or living will

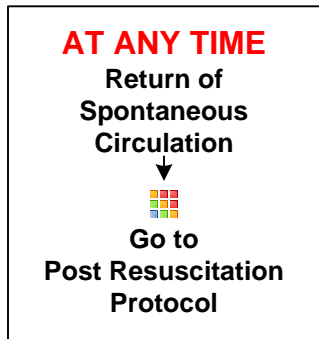
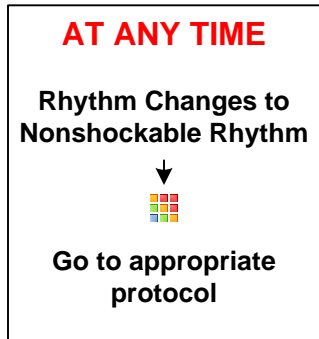
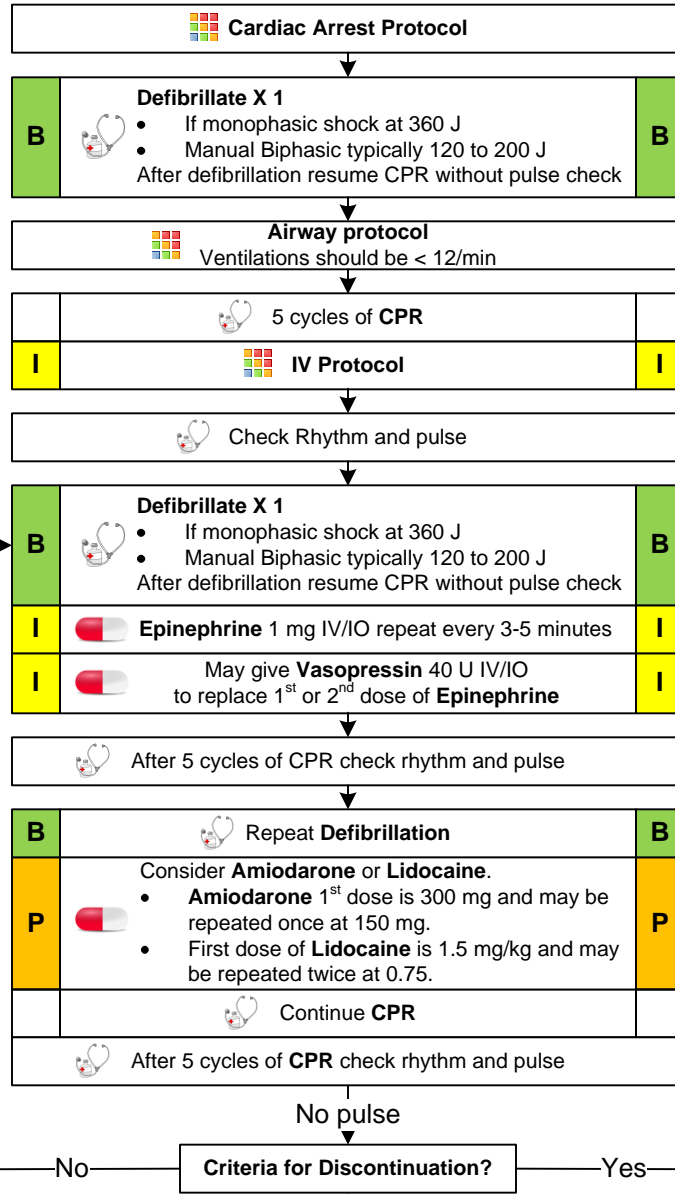
Signs and Symptoms

- Unresponsive, apneic, pulseless
- Ventricular fibrillation or ventricular tachycardia on ECG

Differential

- Asystole
- Artifact / Device failure
- Cardiac
- Endocrine / Metabolic
- Drugs
- Pulmonary

| Legend | | |
|--------|-----------------|---|
| | MR | |
| B | EMT | B |
| I | EMT- I | I |
| P | EMT- P | P |
| M | Medical Control | M |



Medical Protocols

Pearls

Recommended Exam: Mental Status

- If no IV, drugs that can be given down ET tube should have dose doubled and then flushed with 5 ml of Normal Saline. IV/IO is the preferred route when available.
- Reassess and document endotracheal tube placement and EtCO₂ frequently, after every move, and at transfer of care.
- Calcium and sodium bicarbonate if hyperkalemia is suspected (renal failure, dialysis).
- **Treatment priorities are: uninterrupted chest compressions, defibrillation, then IV access and airway control.**
- Polymorphic V-Tach (Torsades de Pointes) may benefit from administration of magnesium sulfate if available.
- Do not stop CPR to check for placement of ET tube or to give medicines.
- If arrest not witnessed by EMS then 5 cycles of CPR prior to 1st defibrillation.
- Effective CPR and prompt defibrillation are the keys to successful resuscitation.
- If BVM is ventilating the patient successfully, intubation should be deferred until rhythm has changed or 4 or 5 defibrillation sequences have been completed.