

# V-Fib/Pulseless V-Tach

For non-traumatic cardiac arrest in which any resuscitation is initiated, NOT dead on arrival

**History**

- Events leading to arrest
- Estimated downtime
- Prior resuscitation attempts
- Past medical history
- Medications
- Known terminal illness

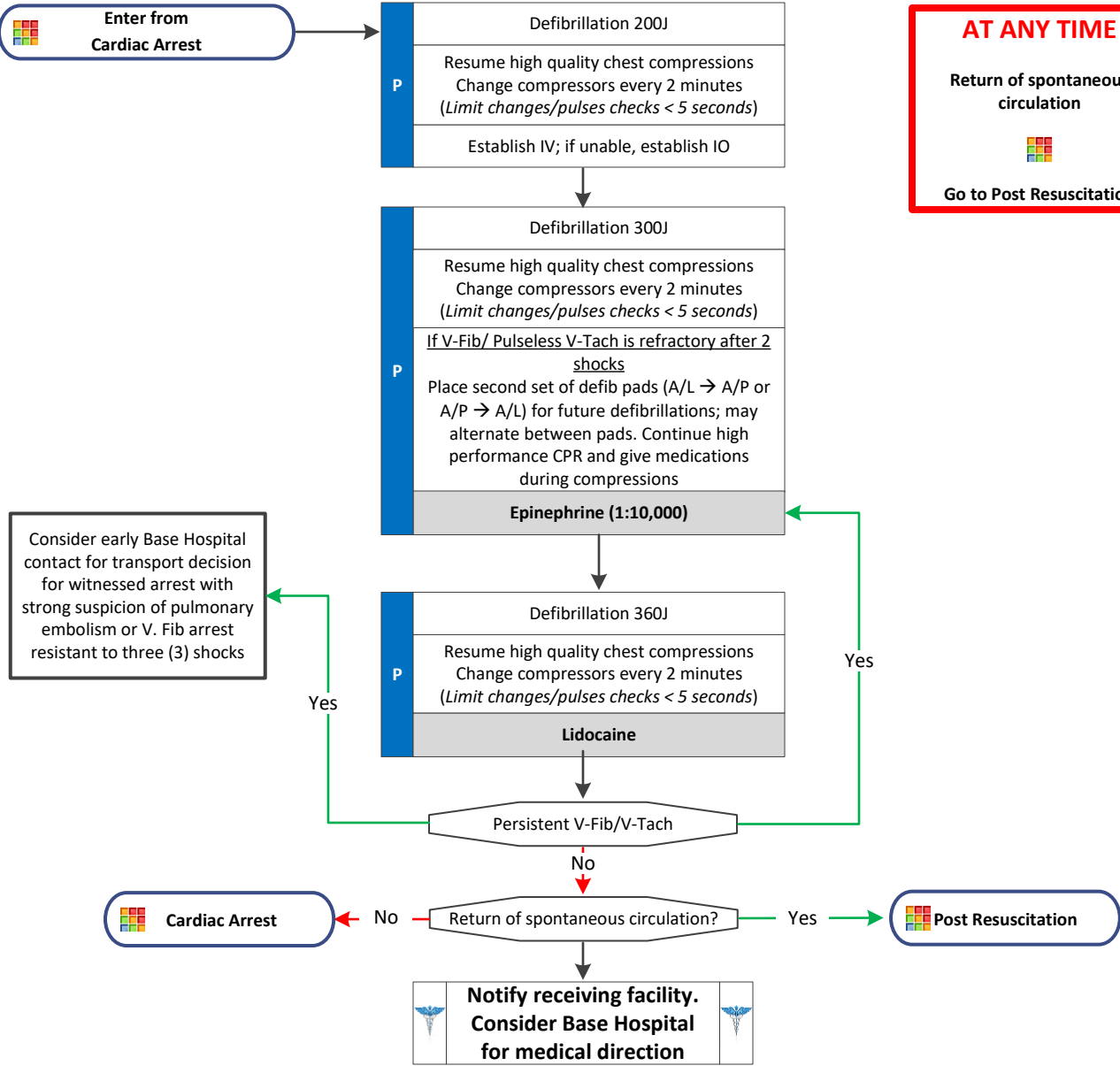
**Signs and Symptoms**

- Pulseless
- Apneic

**Differential**

- Medical vs. trauma
- VF vs. pulseless VT
- Asystole
- PEA
- Primary cardiac event vs. respiratory arrest or drug overdose

**AT ANY TIME**  
Return of spontaneous circulation  
  
Go to Post Resuscitation



# Cardiac Arrest - V-Fib/Pulseless V-Tach

For non-traumatic cardiac arrest in which any resuscitation is initiated, NOT dead on arrival

## Pearls

- For defibrillation or cardioversion, follow manufacturers recommendations.
- Efforts should be directed at high quality and continuous chest compressions with minimal interruptions.
- IV access, including EJ, must be attempted. If unsuccessful, then attempt IO.
- Use pediatric BVM with EtCO<sub>2</sub> and ventilate at a rate of 10 ventilation per minute delivered on compression upstroke.
- Placement of an advanced airway should be deferred unless a provider is unable to ventilate the patient with a BLS airway and BVM.
- Use a metronome during chest compression to ensure proper rate.
- Provide resuscitative efforts on scene for 30 minutes to maximize chance of ROSC.
- Epinephrine in doses of greater than 3 mg has been shown to be detrimental to patient outcome.
- If resuscitative efforts do not attain ROSC, consider cessation of efforts per Operations 10 – Determination of Death.
- Do not interrupt chest compressions to place ETT.
- Consider breathing and airway management after second shock or two (2) rounds of chest compression (2 minutes each round).
- Effective chest compressions and prompt defibrillation are the keys to successful resuscitation.
- Reassess and document ETT placement and EtCO<sub>2</sub> frequently, after every move, and at transfer of care.
- Do not stop chest compressions to check for placement of ETT or to give medications.
- If the use of a BVM is ventilating the patient successfully, intubation should be deferred.
- In the setting of renal failure, dialysis, suspected DKA or hyperkalemia, calcium chloride followed by sodium bicarbonate shall be administered.

