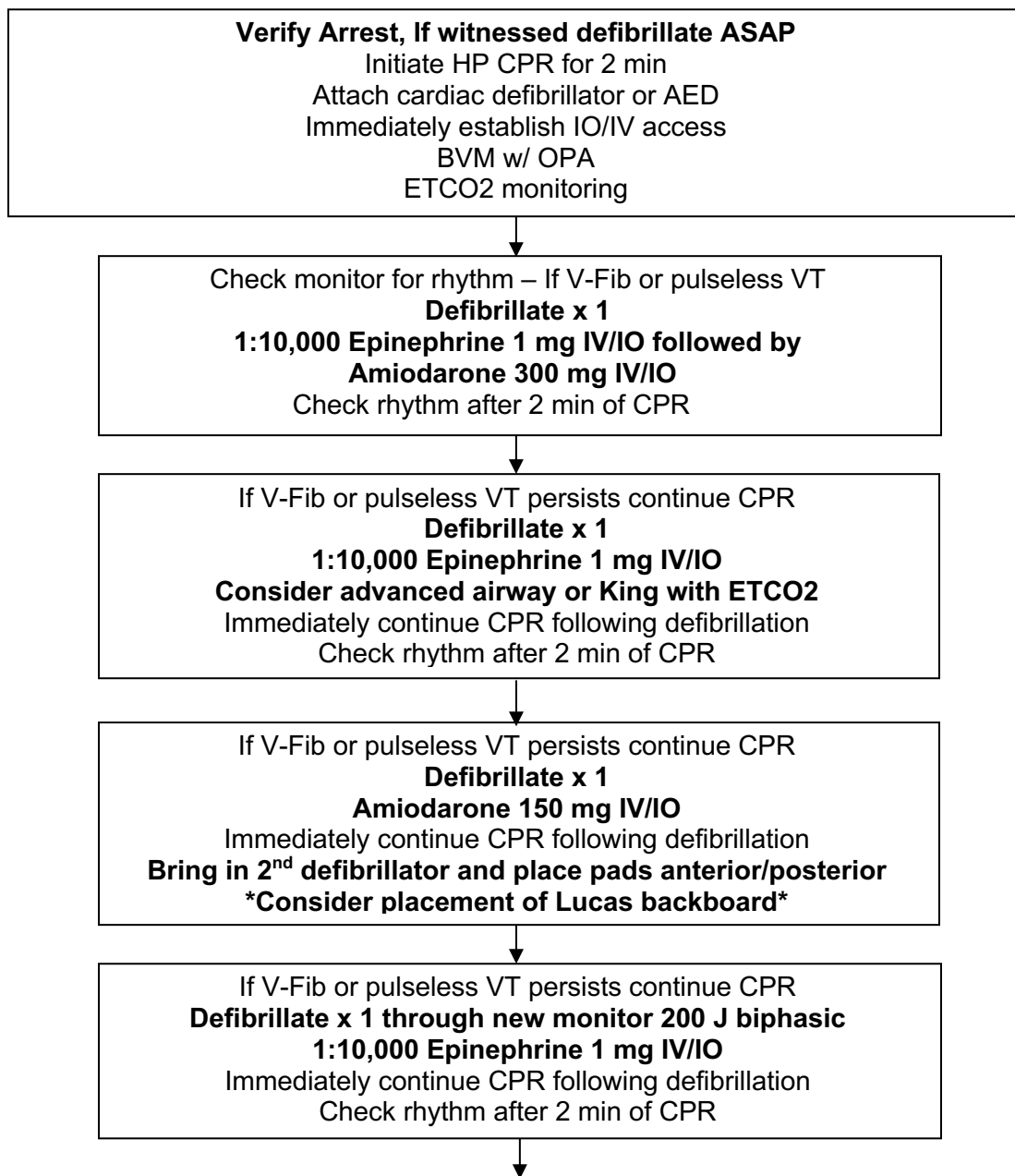


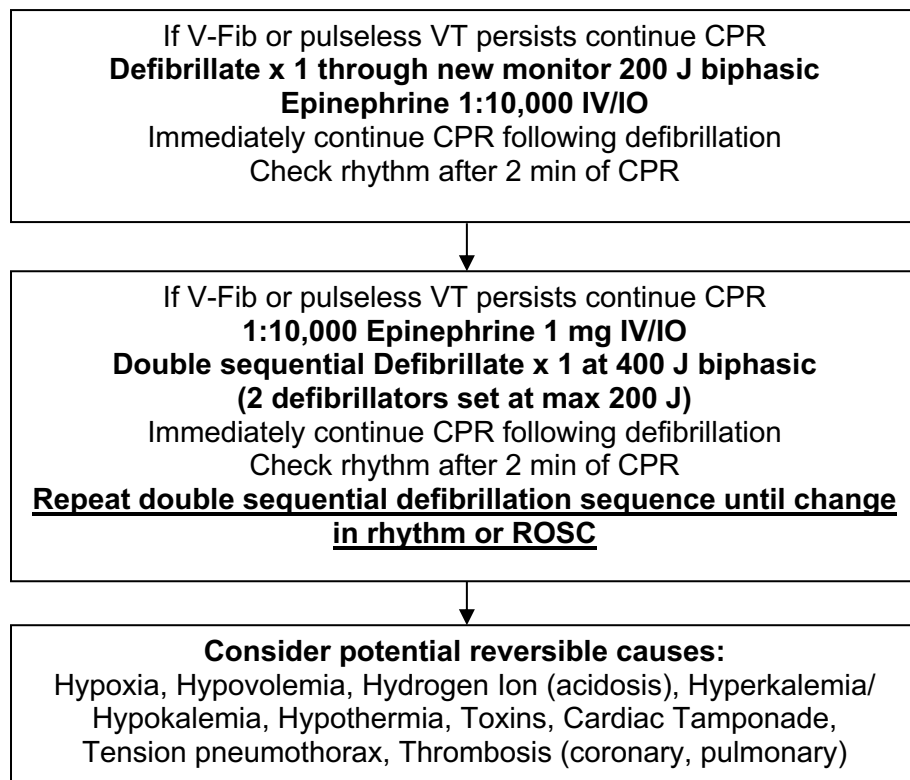
Cardiac Arrest (V-Fib / Pulseless VT) – 10.050

TREATMENT:

Flow of algorithm presumes that the initial rhythm is continuing. If a rhythm change occurs begin the appropriate algorithm. Interruptions to CPR should be avoided. When necessary they should be less than 10 seconds. Follow manufacturer's recommendations for defibrillation settings:



Cardiac Arrest (V-Fib / Pulseless VT) – 10.050



NOTES & PRECAUTIONS:

- A. Cardiac Arrest priorities: CPR, Defibrillate, IV/IO, early Epinephrine, early Amiodarone , Airway
- B. If limited resources consider **Oxygen 15 lpm via NRB** for passive ventilation
- C. If the initial rhythm is Torsades de Pointes, give **Magnesium Sulfate 1 - 2 grams IV/IO in 10 ml NS over 1 - 2 min.**
- D. If change in rhythm during arrest do not proceed to DSEQ, continue with normal defibrillation cycle. Double sequential defibrillation is to be used only for refractory VF/VT.
- E. Minimize interruption of CPR to place 2nd set of pads in anterior/posterior position
- F. With the addition of 2nd monitor make sure to manually set to 200 J as it will default to low dose.
- G. Sodium Bicarbonate is not recommended for the routine cardiac arrest sequence, but should be used early in cardiac arrest of known cyclic antidepressant overdose or in patients with hyperkalemia.
- H. Suspected hyperkalemia consider **Calcium Chloride 1000 mg** and **Sodium Bicarbonate 50 mEq IV. IV line must be thoroughly flushed between administrations.** May repeat once.
- I. After first 3 doses of Epinephrine move to giving 1 mg q 10 min.

Cardiac Arrest (V-Fib / Pulseless VT) – 10.050

J. Lucas Device Indications:

1. Post ROSC for transport.
2. Refractory VF/VT after double sequential defibrillation.
3. Narrow form PEA with good EtCO₂ after running the code and administering Epinephrine and minimum 1000 ml NS fluid challenge.
4. If after 45 min. patient EtCO₂ >20 and in electrically active rhythm. (VF/VT) consider application of Lucas device and transport for additional hospital interventions. i.e. { Labs, Ultrasound, Electrolyte imbalances }

PEDIATRIC PATIENTS:

Follow adult algorithm. Use the following dosing:

A. Defibrillation:

1. First shock 2 J/kg.
2. Second shock 4 J/kg, subsequent doses ≥ 4 J/kg up to max of 10 J/kg or adult dose.

B. Drugs:

1. **Epinephrine**
(A) **1:10,000 – 0.01 mg/kg IV/IO**
(B) **1:1,000 – 0.1 mg/kg ET in 4 cc Normal Saline.** (ET Epinephrine in pediatric patients should be considered a last resort after attempts at IV/IO have failed)
2. **Amiodarone 5 mg/kg IV/IO.** May repeat once with **2.5 mg/kg IV/IO.**
3. **Calcium Chloride 20 mg/kg IV/IO.** Thoroughly flush line **Sodium Bicarbonate 1 mEq/kg IV/IO.**