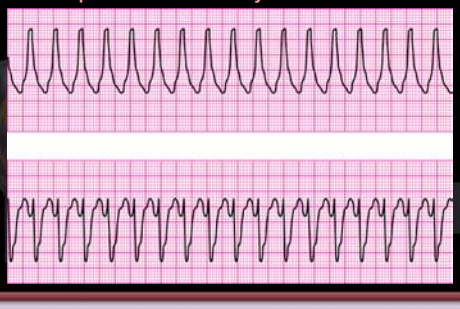
MENU

Pulseless VT/VF

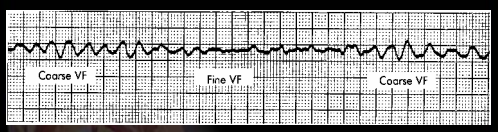
MENU

Monomorphic Ventricular Tachycardia



MENU

Ventricular Fibrillation



MENU

Pulseless VT/VF

- Primary ABCD Survey
  - On arrival of AED/monitor/defibrillator, evaluate cardiac rhythm
  - If pulseless VT/VF, shock up to three times
    - 200 J
    - 200 to 300 J
    - 360 J
    - (or equivalent biphasic energy)

MENU

Pulseless VT/VF

- Secondary ABCD Survey
  - Continue CPR
  - Intubate, confirm tube placement
  - Establish vascular access
  - Administer medications
  - Pattern becomes CPR-drug-shock

    or
  - CPR-drug-shock-shock-shock

MENU

Pulseless VT/VF

- Epinephrine (Class Indeterminate)
  - 1 mg (1:10,000 solution) IV every 3 to 5 minutes
  - ET dose 2 to 2.5 mg diluted in 10 mL NS or distilled water

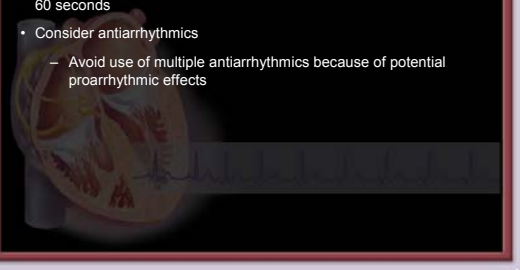
OR

- Vasopressin (Class IIb)
  - 40 U IV bolus (administer only once)
  - If no response to vasopressin, may resume epinephrine after 10 to 20 min

MENU

Pulseless VT/VF

- Defibrillate with 360 J (or equivalent biphasic energy) within 30 to 60 seconds
- Consider antiarrhythmics
  - Avoid use of multiple antiarrhythmics because of potential proarrhythmic effects



MENU

Pulseless VT/VF

- Amiodarone (Class IIb)
- Lidocaine (Class Indeterminate)
- Magnesium (Class IIb if hypomagnesemia present)
- Procainamide
  - Class IIb for recurrent pulseless VT/VF
  - Class Indeterminate for persistent pulseless VT/VF
- Consider sodium bicarbonate