



POLICY: 555.11
 TITLE: Ventricular Fibrillation – Pulseless Ventricular Tachycardia (Pediatric)
 EFFECTIVE: 7/1/2018
 REVIEW: 7/2023
 SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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VENTRICULAR FIBRILLATION – PULSELESS VENTRICULAR TACHYCARDIA

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMRs, EMTs, AEMTs and Paramedics within their scope of practice.
- III. PROTOCOL:
V-FIB: Bizarre, rapid, irregular, ineffective rhythm with electrical waveforms varying in size and shape. There is no P wave. QRS complexes absent. V-Fib may masquerade in one lead as asystole. Be sure to check at least two leads to confirm asystole.

V-TACH: Regular or slightly irregular rhythm. Heart rate about 200. A-V disassociation is present: P-waves may be seen unrelated to QRS complex. QRS complex distorted, wide (> 0.12 seconds) and bizarre. T-waves usually have opposite axis as QRS complex.

| STANDING ORDERS | |
|------------------------------|--|
| ASSESS | CAB |
| CPR | In an un-witnessed arrest or when no CPR has been initiated by bystanders give 5 cycles of CPR (about 2 minutes). Minimize interruptions in compression as much as possible. |
| DEFIBRILLATE | Defibrillate at 2j/kg (or clinically equivalent biphasic energy doses). Immediately resume CPR for 5 cycles (about 2 minutes), then re-check rhythm and defibrillate at 4j/kg as appropriate. Interruption of CPR should be brief. |
| SECURE AIRWAY | Using the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Refer to General Procedures Protocol 554.00 |
| TRANSPORT | |
| IV/IO ACCESS | TKO with micro-drip tubing and volume control chamber. |
| EPINEPHRINE | 0.01 mg/kg of 1:10,000 IV/IO -. Repeat every 3 minutes. |
| DEFIBRILLATE | 4 J/kg (or clinically equivalent biphasic energy doses). Reassess rhythm after each shock. |
| LIDOCAINE | 1mg/kg IV/IO. Repeat once in 3 minutes if VFib/VTach persists. |
| DEFIBRILLATE | 4 J/kg (or clinically equivalent biphasic energy doses). Repeat after each medication administered if VFib/VTach persists. |
| BASE PHYSICIAN ORDERS | |
| DECLARATION OF DEATH | After 3 doses epinephrine and 2 fluid boluses, if no reversible causes are identified. |