

VENTRICULAR FIBRILLATION/PULSELESS VENTRICULAR TACHYCARDIA

1. Consider precordial thump, if witnessed VF/Pulseless VT while being monitored.
2. Immediately initiate High Performance CPR while the defibrillator is being attached.
3. Apply Quick Look patches and immediately shock all shockable rhythms as follows:
 - A. Manual biphasic: Manufacturer recommended joule setting. If unknown, use maximum available setting.
 - B. Monophasic: 360 joules
4. Perform CPR for 2 minutes.
5. Establish IV/IO access, administer NS at TKO rate.
6. Apply one shock.
7. Perform CPR for 2 minutes.
8. Establish advanced airway (ETT or advanced supraglottic airway) without interruption of chest compressions.
9. Administer 1 mg of **epinephrine** IVP/IO and repeat q 3-5 minutes.*
10. Perform CPR for 2 minutes.
11. Apply one shock.
12. Perform CPR for 2 minutes.
13. During CPR, consider **amiodarone** at 300 mg IVP/IO.†
14. Apply one shock.
15. Perform CPR for 2 minutes.
16. During CPR, consider administering 150 mg of amiodarone IVP/IO.
17. Apply one shock.

18. Perform CPR for 2 minutes.
19. Consider administering 1-2 gm of **magnesium sulfate** IV/IO for Torsades de Pointes and refractory VF/Pulseless VT.
20. Apply one shock.
21. Continue cycles of CPR and defibrillation with appropriate interval administration of epinephrine until ROSC or termination.

*This drug may be administered via the endotracheal tube if IV/IO access cannot be established..

†Lidocaine may be substituted if the patient is hypersensitive to amiodarone.