

Ventricular Fibrillation - Pulseless Ventricular Tachycardia

V-Fib:	Ineffective, non-perfusing rhythm characterized by bizarre, rapid, irregular electrical wave forms of varying form and amplitude.
V-Tach:	Regular or slightly irregular rhythm. Heart rate normally 100-200. A-V disassociation. QRS complexes wide and bizarre (greater than 0.12 seconds)

Field Treatment - BLS

PEDIATRIC PRIMARY SURVEY:	Provide family psychosocial support if CPR is not indicated.
CPR:	Continue as appropriate
VENTILATE:	Via Bag-Valve Mask, 100% O ₂
AED:	Apply ASAP

Field Treatment - ALS

Defibrillate:	2 joules/kg (max. 200 joules or biphasic equivalent).
Airway:	Intubation not necessary if airway patent and adequate ventilations with BVM. Ventilate with 100% oxygen.
Vascular Access:	Intraosseous lines are the preferred method for rapid vascular access in cardiac arrest patients.
Epinephrine:	1:10,000 (standard dose therapy) 0.01 mg/kg ◆ 0.1 ml/kg every 3-5 minutes. Maximum dose ◆ 1 mg or 10 ml IO, IV.
Defibrillate:	4 joules/kg (max. 360 joules or biphasic equivalent)
Lidocaine:	1 mg/kg IV or IO X3, or 3 mg/kg ET. No further Lidocaine if given via ET
Defibrillate:	4 joules/kg (max. 360 joules or biphasic equivalent)
Transport:	
Contact Base:	

Considerations:

Refer to Broselow Tape for drug dosages.