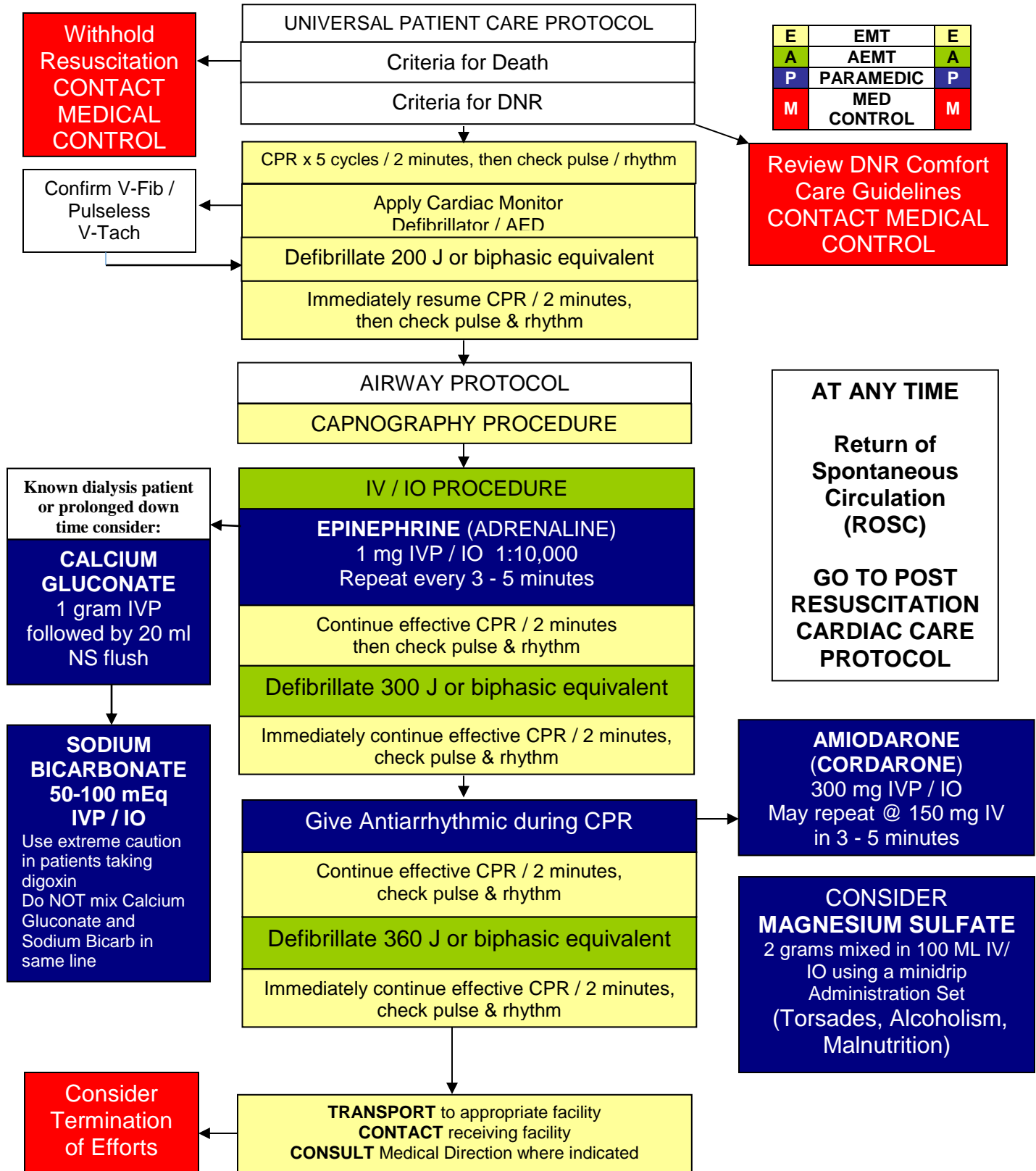




Section 4: Adult ACLS Protocols

ADULT ACLS: VENTRICULAR FIBRILLATION (V-FIB) PULSELESS VENTRICULAR TACHYCARDIA





Section 4: Adult ACLS Protocols

ADULT ACLS: VENTRICULAR FIBRILLATION (V-FIB) PULSELESS VENTRICULAR TACHYCARDIA-Cont.

PEARLS and KEY POINTS

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none">• Estimated down time• Past medical history• Medications• Events leading to arrest• Renal failure / dialysis• DNR	<ul style="list-style-type: none">• Unresponsive, apneic, pulseless• Ventricular fibrillation or ventricular tachycardia on ECG	<ul style="list-style-type: none">• Asystole• Artifact / device failure• Cardiac• Endocrine / metabolic• Drugs• Pulmonary embolus

- Exam: Mental Status
- Always minimize interruptions to chest compressions.
- Effective CPR should be as continuous as possible with a minimum of 5 cycles or 2 minutes.
- Reassess and document endotracheal tube placement and Capnography frequently, after every move, and at discharge.
- Polymorphic V-Tach (Torsades de Pointes) may benefit from administration of Magnesium Sulfate.
- If the patient converts to another rhythm, or has a return of circulation, refer to the appropriate protocol and treat accordingly.
- If the patient converts back to ventricular fibrillation or pulseless ventricular tachycardia after being converted to ANY other rhythm, defibrillate at the previous setting used.
- Defibrillation following effective CPR is the definitive therapy for ventricular fibrillation and pulseless ventricular tachycardia. Magnesium Sulfate should be administered early in the arrest if hypomagnesemia (chronic alcoholic or malnourished patients) is suspected.
- If persistent V-Fib/Pulseless VT continues, consider transport to PCI facility