

HEALTHEAST MEDICAL TRANSPORTATION
MEDICAL OPERATIONS MANUAL

2C VENTRICULAR FIBRILLATION/PULSELESS V-TACH

PATIENT CARE GOALS

- Restore and maintain a perfusing rhythm in the context of cardiac arrest.

EMT

1. Assess the patient and provide initial care, including oxygen and vascular access, per **A.2 General Assessment and Care**.

ADULT	PEDIATRICS (less than 60 kg)
<ol style="list-style-type: none"> 2. Assess ABC's; confirm absence of pulse and adequate breathing. 3. Perform effective and uninterrupted CPR per 7G High Performance CPR until AED or defibrillator is available and follow instructions in 2B Cardiac Arrest. 	<ol style="list-style-type: none"> 2. Assess ABC's; confirm absence of pulse and adequate breathing. 3. Perform effective and uninterrupted CPR per 7G High Performance CPR until AED or defibrillator is available and follow instructions in 2B Cardiac Arrest.

PARAMEDIC

ADULT	PEDIATRICS (less than 60 kg)
<p><u>V-fib and monomorphic V-tach</u></p> <ol style="list-style-type: none"> 4. After second shock and if vascular access is obtained administer amiodarone 300 mg IV/IO. 5. After third shock administer amiodarone 150 mg IV/IO. <p><u>Polymorphic V-tach or Torsades de Pointes</u></p> <ol style="list-style-type: none"> 6. Administer magnesium sulfate 2 grams IV/IO. <p><u>For all cases</u></p> <ol style="list-style-type: none"> 7. Determine if patient is a candidate for early transport¹. 8. If early transport indicated, transport while doing the following <ul style="list-style-type: none"> • Apply and turn on LUCAS (if not already done so) • Secure patient to the stretcher • Administer amiodarone or magnesium sulfate as above (if not already done) • Analyze rhythm no more often than 	<p><u>V-fib and monomorphic V-tach</u></p> <ol style="list-style-type: none"> 4. After second shock and if vascular access is obtained administer amiodarone 5 mg/kg IV/IO. 5. After third shock administer amiodarone 2.5 mg/kg IV/IO. <p><u>Polymorphic V-tach or Torsades de Pointes</u></p> <ol style="list-style-type: none"> 6. Administer magnesium sulfate 50 mg/kg IV/IO. (Maximum dosage 2 grams). <p><u>For all cases</u></p> <ol style="list-style-type: none"> 7. Determine if patient is a candidate for early transport¹. 8. If early transport indicated, transport while doing the following <ul style="list-style-type: none"> • Apply and turn on LUCAS (if not already done so and patient fits) • Secure patient to the stretcher • Administer amiodarone or magnesium sulfate as above (if not already done) • Analyze rhythm no more often than

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ADULT	PEDIATRICS (less than 60 kg)
every 5-6 minutes and defibrillate if indicated. <div data-bbox="203 359 797 478" style="border: 1px solid black; padding: 5px;">9. After 30 minutes of resuscitation with no change in status, contact Medical Control for order to terminate efforts.</div>	every 5-6 minutes and defibrillate if indicated. <div data-bbox="829 359 1424 478" style="border: 1px solid black; padding: 5px;">9. After 30 minutes of resuscitation with no change in status, contact Medical Control for order to terminate efforts.</div>

DOCUMENTATION KEY POINTS

- Pertinent history, including events leading up to the arrest.
- Assessments and treatments provided prior to your arrival, including specific time(s) of shocks and other interventions.
- ECG tracing documentation of all rhythm interpretations, treatment decisions, and changes in the patient's clinical condition.
- Rationale for field discontinuation of resuscitation efforts or early transport.
- Direction provided by medical control.

NOTES

¹When all of the following conditions exist the patient should be strongly considered for early transport. Call medical control for advice if unsure.

- 3 consecutive rhythm analysis showing v-tach or v-fib
- End-tidal readings > 20 mmHg
- Advanced airway secured
- Patient able to have Lucas CPR performed during transport (large or small patients may be considered for transport but mode of transport may need to be modified to allow quality CPR).