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|  | Department Name Address | ALS | Paramedic |
| | | Revision # | |
| | | Implementation Date | |
| Protocol | 2.1.15 V-Fibrillation/Pulseless V-Tachycardia | Last Reviewed/Update Date | |
| Author / Owner | | Medical Director | |

1. Baseline care standards.
2. Confirm Rhythm is Ventricular Fibrillation/Pulseless V-Tach.
3. Defibrillate after 2 minutes of CPR 360 joules monophasic or 200 joules biphasic (if arrest is witnessed or ongoing, CPR defibrillate immediately).
4. Administer:
 - *Vasopressin 40 U IV* (can use Epinephrine after 10 minutes), **OR**
 - *Epinephrine 1:10,000 1 mg IV, (2 mg Via ETT)* and repeat every 5 minutes for the duration of the resuscitation.
5. Defibrillate at 360 joules monophasic or 200 joules biphasic after 2 minutes of CPR.
6. Administer anti-arrhythmic therapy:
 - *Amiodarone 300 mg IV, OR*
 - *Lidocaine 1.5 mg/kg IVP (3 mg/kg via ETT).*
 - *Procainamide 30 mg / min IV* in refractory Ventricular Fibrillation max 17mg/kg.
 - *Magnesium Sulfate 1-2 grams IV over 1-2 minutes.*
7. Defibrillate at 360 joules monophasic or 200 joules biphasic after each medication is administered for the duration of the resuscitation.
8. Contact medical control.
9. Continual reassessment of airway and pulse and effective CPR.
10. If the patient converts to any other rhythm or has a return of pulse, refer to the appropriate protocol.

Medical Director's Signature

Date

Disclaimer:

The protocols have been developed by the North Dakota Department of Health are meant to be used as general guidance for developing protocols for individual emergency medical services agencies. These sample protocols are not meant to be medical or legal advice; nor do they establish standards of care. Each emergency medical services agency must tailor protocols based on their specific needs or capabilities. Local medical directors must be consulted with and approve any protocol(s) prior to becoming operational in an emergency medical services agency. The North Dakota Department of Health make no representation on the accuracy of information contained herein and accepts no liability for any loss or damage arising from any content error or omission.