

Ventricular Fibrillation / Pulseless Ventricular Tachycardia (Adult)**Paramedic**

1. Continue CPR and defibrillation cycles.
 - a. Defibrillate using the maximum joule setting possible.
2. After second rhythm analysis, perform advanced airway management.
3. Intravascular access.
4. Administer Epinephrine 1 mg (10 ml of a 1:10,000 Solution) IV bolus.
5. If there is no change in the rhythm, administer Amiodarone 300 mg, IV bolus.
6. If there is no return of spontaneous circulation (ROSC) administer Epinephrine 1 mg (10 ml of a 1:10,000 solution) IV bolus, every 3 – 5 minutes.
7. After 20 minutes of ALS treatment, consider contacting Online Medical Control if contact has not already been made, for additional orders, or termination of resuscitation.

● Paramedic STOP**Medical Control Options**

If there is insufficient improvement in hemodynamic status:

1. If Ventricular Fibrillation or Pulseless Ventricular Tachycardia recurs, a repeat dose of Amiodarone 150 mg, IV bolus may be given.
2. Administer Sodium Bicarbonate 44-88 mEq IV bolus.
 - a. Repeat doses of Sodium Bicarbonate 44 mEq, IV bolus, may be given every 10 minutes.
3. Administer Magnesium Sulfate 2 gm, IV bolus diluted in 10 ml of Normal Saline (0.9% NS), over 2 minutes.
4. In cases of suspected hyperkalemia or Calcium Channel Blocker overdose, administer Calcium Chloride (CaCl₂) 1 gm, **slowly**, IV bolus. Follow with a crystalloid fluid flush.

Key Points / Considerations

1. Do not interrupt compressions for placement of an advanced airway.
2. Maximum joule setting may vary depending on the defibrillator in use.
3. Calcium Chloride and Sodium Bicarbonate should be given in separate IV lines or separated by a flush of at least 20 ml of crystalloid fluid.