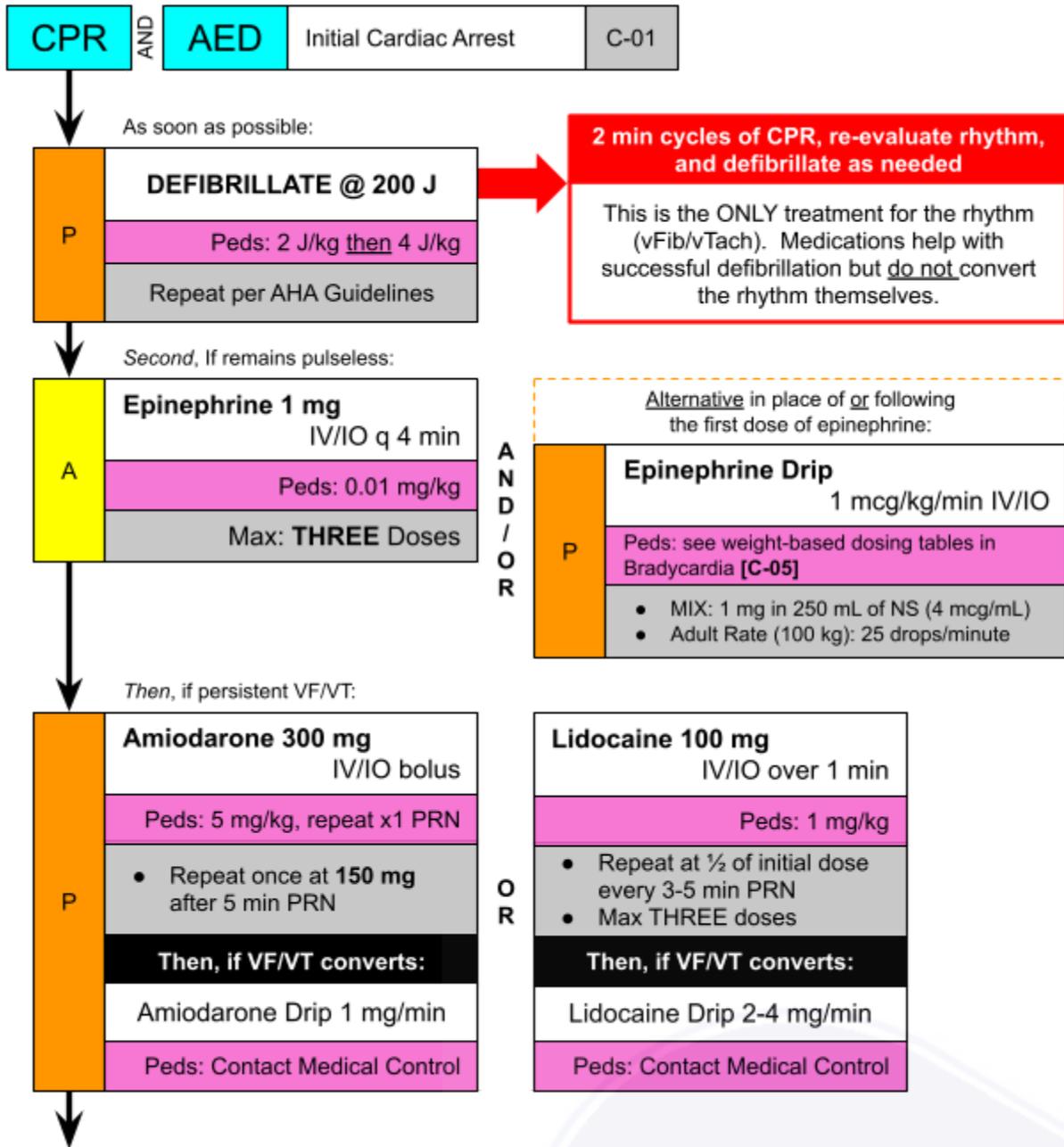


C-03  
VENT. FIBRILLATION/  
PULSELESS V-TACH

First Responder  
EMT  
AEMT  
Paramedic



**If VF/VT persists despite the initial (above) therapies,  
OR changes in appearance (different morphology) →  
Apply defibrillation pads at NEW SITES  
and re-attempt defibrillation**

If history is  
concerning for:

Acidosis  
(prolonged arrest)

**Sodium Bicarbonate 1 mEq/kg**

Hyperkalemia  
(renal failure,  
wide QRS)

**Sodium Bicarbonate 1 mEq/kg  
AND  
Calcium Chloride 1 gram  
(Peds: 20 mg/kg)**

**M**

IF VF/VT persists, continue  
resuscitation & contact MC

## VF/VTACH NOTES

- Cardiac resuscitation on a patient in VF/pVT **cannot** be terminated by the Termination of Resuscitation guideline [X-02] (unless POST form or DNR documentation noted).
  - Transport as soon as possible, or contact online medical control for termination orders.
- 
- **THE treatment for VF/VT is cardioversion/defibrillation.**
    - Medications (e.g. Amiodarone) improve the likelihood of ROSC but have little if any effect on survival.
  - If VF/VT does not convert with 2-3 defibrillation attempts, replace electrodes/pads and place them in a different position (i.e. if placed right chest/apex, then attempt anterior-posterior placement)
  - Automatic Internal Defibrillator:
    - If a patient's internal defibrillator is firing/shocking VF/VT appropriately and successfully (i.e. converts rhythm at least temporarily), continue other resuscitative efforts and allow it to continue to do so.
    - If it is not successfully converting the dysrhythmia, consider transthoracic (*normal*) defibrillation with pads placed at least 1" away from defibrillator.
  - If the patient appears to grimace or respond at all to shocks, please provide sedation per guidelines [RX-03].
  - Polymorphic VTach (i.e. Torsades) should also be treated with **2 grams Magnesium** as per guidelines [C-08].

## QI Review Parameters:

1.