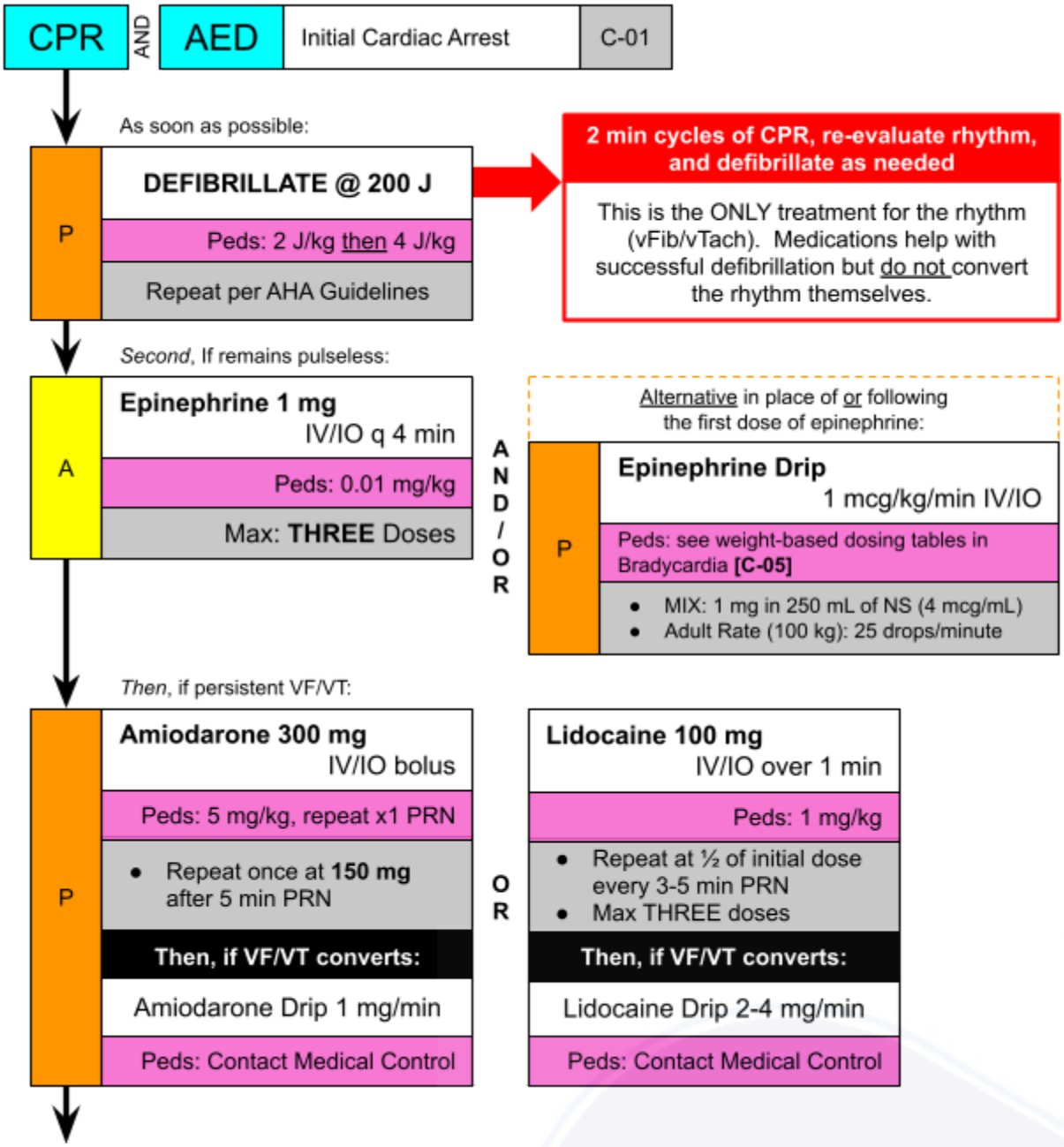
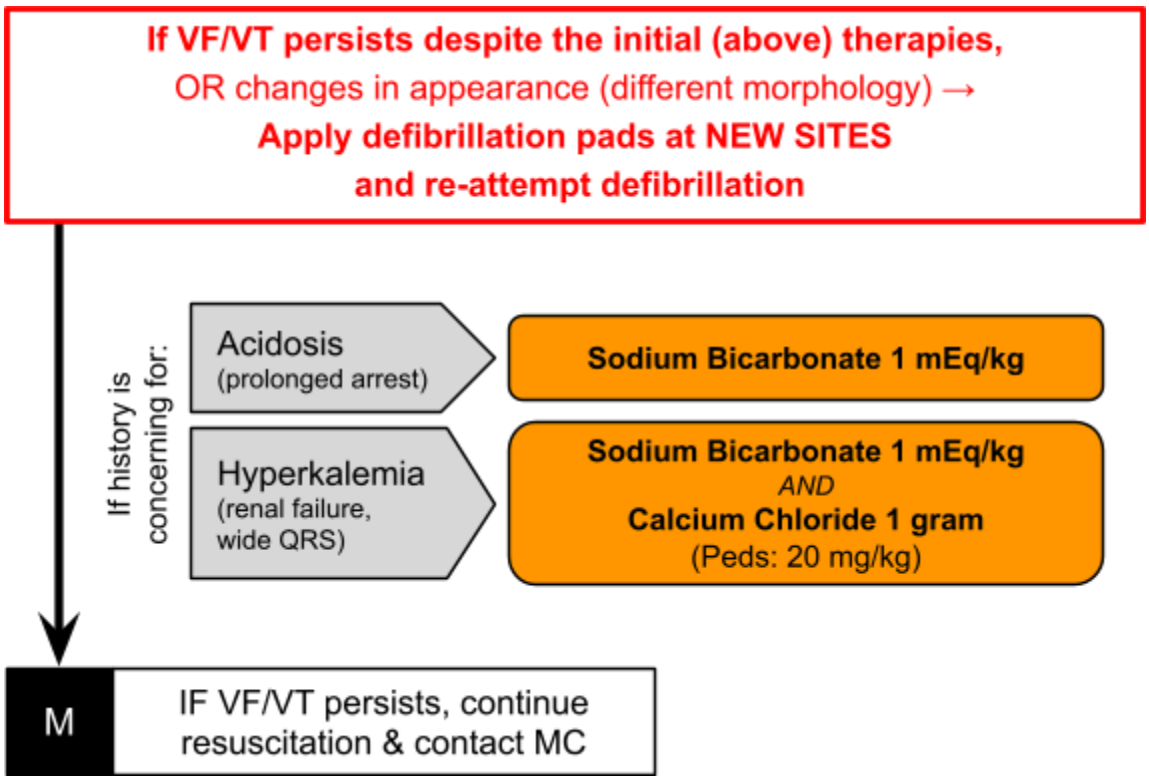
C-03 VENT. FIBRILLATION/ PULSELESS V-TACH		First Responder EMT AEMT Paramedic





C-03 VENT. FIBRILLATION/ PULSELESS V-TACH		First Responder EMT AEMT Paramedic

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.