
THERAPEUTIC HYPOTHERMIA RESEARCH PROJECT PROTOCOL

503-A

VENTRICULAR FIBRILLATION/PULSELESS VENTRICULAR TACHYCARDIA

1. Continue CPR with minimal interruption.

NOTE: IN ARRESTS WITNESSED BY EMS, PERFORM CPR UNTIL DEFIBRILLATOR IS ATTACHED

IN ARRESTS NOT WITNESSED BY EMS, PERFORM TWO (2) MINUTES OF CPR PRIOR TO DEFIBRILLATOR USE

2. Defibrillate using the maximum joule setting possible (may vary depending on the defibrillator in use).

NOTE: IF PATIENT HAS A PERMANENT PACEMAKER IN PLACE, POSITION THE PADDLES OR AUTOMATED DEFIBRILLATOR PADS AT LEAST ONE (1) INCH AWAY FROM THE PACEMAKER DEVICE.

3. Continue CPR. If after two minutes of additional CPR if there is no change in the rhythm, Defibrillate a 2nd time as previously stated.
4. Continue CPR. If after two minutes of additional CPR if there is no change in the rhythm, Defibrillate a 3rd time as previously stated.
5. Perform Endotracheal Intubation.
6. If, after every two minute interval of additional CPR, there is no change in the rhythm, Defibrillate as previously stated.
7. Initiate IV / IO access using at least an 18g device.
8. Begin rapid IV/IO infusion of ice-cold (4° Celsius) Normal Saline (30cc/kg, maximum 2 liters) utilizing a 300mmHg pressure infusion sleeve.
9. Administer Vasopressin 40 units IV/IO/Saline Lock Bolus, single dose.
10. If there is no change in the rhythm, administer Amiodarone 300mg, diluted up to a total of 20mL of D₅W, IV / IO / Saline Lock bolus.
11. If there is no change in the rhythm within 3 – 5 minutes after the administration of Vasopressin, administer Epinephrine 1 mg (10 ml of a 1:10,000 solution), IV/IO/Saline Lock bolus, every 3 – 5 minutes.
12. If there is insufficient improvement in hemodynamic status, contact Medical Control for implementation of one or more of the following MEDICAL CONTROL OPTIONS:

MEDICAL CONTROL OPTIONS:

- OPTION A:** If Ventricular Fibrillation or Pulseless Ventricular Tachycardia recurs, a repeat dose of 150 mg Amiodarone diluted up to a total of 10 ml D₅W, IV/IO/Saline Lock Bolus may be given.
- OPTION B:** Administer Sodium Bicarbonate 44-88 mEq IV/IO/Saline Lock bolus. Repeat doses of Sodium Bicarbonate 44 mEq, IV/IO/Saline Lock bolus, may be given every 10 minutes.
- OPTION C:** Administer Magnesium Sulfate 2 gm, IV/IO/Saline Lock bolus, diluted in 10 ml of Normal Saline (0.9% NS), over 2 minutes.
- OPTION D:** In cases of hyperkalemia or Calcium Channel Blocker overdose administer Calcium Chloride (CaCl₂) 1 gm, SLOWLY, IV/IO/Saline Lock bolus. Follow with a Normal Saline (0.9% NS) flush.
- OPTION E:** Transportation Decision.