



# EMSA-Intermediate Treatment Protocol 5205

## Cardiac Arrest V-Fib/Pulseless V-Tech

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Ventricular fibrillation is a chaotic rhythm without a pulse. Pulseless v-tach is three or more ventricular complexes in succession at a rate greater than 100 without a pulse.

- A. Perform **CAT Protocol 5204** and CPR if indicated.
  - 1. Immediate defibrillation in witnessed arrest.
  - 2. Confirm effectiveness of CPR during resuscitative effort.
- B. Defibrillate at 200 joules or equivalent biphasic charge.
- C. If no conversion:
  - 1. Defibrillate at 200 - 300 joules or equivalent biphasic charge.
  - 2. If no conversion, defibrillate at 360 joules or equivalent biphasic charge.
  - 3. If no conversion, perform **MAMP Protocol 5201** and administer epinephrine (1:10,000) 1 mg IV or if no venous, access 2 mg down ET tube.
  - 4. If no conversion, within 30 to 60 seconds defibrillate again at 360 joules or equivalent biphasic charge.
  - 5. If no conversion, continue epinephrine (1:10,000) 1 mg IV or 2 mg down ET tube every 3 to 5 minutes and administer lidocaine 1.5 mg/kg IV or if no venous access 3 mg/kg down ET tube .
  - 6. If no conversion, defibrillate again at 360 joules or equivalent biphasic charge.
  - 7. If no conversion, continue lidocaine 0.5 to 0.75 mg/kg IV every 3 to 5 minutes for maximum total dose of 3 mg/kg.
  - 8. If no conversion, **contact Medical Command** to consider alternating drug therapy and defibrillation.





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9. **Consult directly with MCP** for further orders and to determine if **Cease-Efforts Protocol 9102** is appropriate. If decision is to cease-efforts, then refer to **Cease-Efforts Protocol 9102** and **Death in the Field Protocol 9101**.



D. If conversion occurs:

1. Initiate lidocaine infusion at 2 mg/min IV drip, **per order of MCP**.



2. Monitor vital signs and treat new rhythm per appropriate protocol.

3. Notify Medical Command and transport.

4. Adjust lidocaine drip at 1 to 4 mg/min **per order of Medical Command**.

