Ventricular fibrillation (VF)
OR
Pulseless Wide Complex Tachycardia (VT)

1. Initiate or continue CPR and when defibrillator available:
   ► *Defibrillate once at maximum energy setting or pre-programmed/manufacturer's recommended defibrillator setting*

▼

2. If at any time develops rhythm with pulse:
   - Ventilate and oxygenate
   - Assess for and correct hypoxia, hypovolemia, hypoglycemia, or hypothermia
   - Make base contact and transport to available Cardiovascular Receiving Center (CVRC)

▼

3. If remains pulseless:
   → Maintain CPR
   ► *High-flow oxygen by BVM*
   → IV/IO vascular access without interruption of CPR

▼

4. Monitor cardiac rhythm:
   → If continued VF/pulseless Wide Complex Tachycardia
   ► *Defibrillate once at maximum energy setting or pre-programmed/manufacturer's recommended defibrillator setting*
   → If PEA or asystole: refer to PEA/Asystole treatment sequence

▼

5. For continued VF/ pulseless Wide Complex Tachycardia or if reverts back to VF/ pulseless Wide Complex Tachycardia:
   → Maintain CPR
   ►Administer *Epinephrine 1 mg (1:10,000) IV/IO*, repeat approximately every 3 minutes for continued VF/pulseless Wide Complex Tachycardia
   ► *Advanced airway with minimal interruption of CPR and confirm tube placement.*

▼

6. For continued VF/pulseless Wide Complex Tachycardia:
   → Maintain CPR
   ► *Defibrillate once at maximum energy setting or pre-programmed/manufacturer's recommended defibrillator setting.*

▼

7. For continued VF/ pulseless Wide Complex Tachycardia:
   → Maintain CPR
   ► *Administer Amiodarone 300 mg IV/IO, may repeat 150 mg IV/IO in approximately 3 minutes*

▼

8. After approximately 2 minutes of CPR, if there is continued VF/pulseless Wide Complex Tachycardia:
   ► *Defibrillate once at maximum energy setting or pre-programmed/manufacturer's recommended defibrillator setting*

▼

9. For continued VF/ pulseless Wide Complex Tachycardia:
   → Maintain CPR and transport to nearest ERC or make Base contact:
   - For further resuscitation orders
   - To request pronouncement of patient in the field

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Pulseless Electrical Activity (PEA)
OR
Asystole

1. Initiate or maintain CPR
   ► *High-flow oxygen by BVM*

▼

2. Continually monitor cardiac rhythm:
   → Maintain CPR
   ► *IV/IO vascular access without interruption of CPR*
   ► *250 mL Normal Saline bolus, may repeat up to maximum 1 liter to attain and maintain perfusion*.

▼

3. If no immediate response to initial 250 mL Normal Saline bolus:
   ► *Administer Epinephrine 1 mg (1:10,000) IV/IO approximately every 3 minutes*
   → Assess for possible reversible causes:

hypovolemia	acidosis
hypoxia	tension pneumothorax
hypothermia	toxins

   ► *If diabetic and hypoglycemia suspected: administer dextrose 50 mL IV/IO once*

▼

   ►*Advanced airway with minimal interruption of CPR and confirm tube placement*

▼

4. If VF/ pulseless Wide Complex Tachycardia develops:
   ► *Defibrillate once using pre-programmed/manufacturer's recommended defibrillator setting* and follow VF/pulseless Wide Complex Tachycardia algorithm

▼

5. If at any time develops rhythm with pulse:
   - Ventilate and oxygenate
   - Assess for and correct hypoxia, hypovolemia, hypoglycemia, or hypothermia
   - Make base contact and transport to available Cardiovascular Receiving Center (CVRC)

▼

6. For continued PEA or asystole:
   → Maintain CPR and transport to nearest ERC or make Base contact:
   - For further resuscitation orders
   - To request pronouncement of patient in the field

GUIDELINES:

- Agonal gasps are not adequate breathing and when accompanied with a pulseless state the patient should be considered to be in full cardiopulmonary arrest.
- If the patient has an implanted pacemaker or defibrillator/pacemaker, place electrode pads to either side and not directly on top of the implanted device.
- If the patient has a medication patch in place on the chest area, remove the patch and wipe the area clean before attaching an electrode pad.

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