



# County of Santa Cruz

## HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL  
SERVICES PROGRAM

Protocol No. C3  
Reviewed 04/01/2010

### Emergency Medical Services Program

Approved

Medical Director

Subject: VENTRICULAR FIBRILLATION / PULSELESS VENTRICULAR TACHYCARDIA

#### I. BLS Treatment Protocol:

- A. Treat life threats (See Policy 4000)
- B. Prepare for transport/ transfer of care.
- C. When responders witness cardiac arrest, precordial thump may be employed to quickly treat confirmed ventricular fibrillation/pulseless ventricular tachycardia, prior to defibrillation. Precordial thump may also be used to treat witnessed cardiac arrest when no defibrillator is available.

#### II. ALS Treatment Protocol:

- A. Treat life threats (See Policy 4000)
- B. Cardiac monitor- Defibrillate 1 time @ highest joules setting. Continue to defibrillate as indicated every two minutes.
- C. Epinephrine 1mg IVP/IO. Repeat every 3-5 minutes at 1mg.
- D. Lidocaine 1mg/kg IVP/IO. Lidocaine dose maximum 3mg/kg total IVP/IO
- E. Continue administering epinephrine, lidocaine and defibrillations as needed.
- F. If the patient remains unresponsive to treatment despite the thorough implementation of this protocol, paramedics may consider making a field determination of death as outlined in Policy 1140.
- G. When transporting, contact receiving hospital as soon as possible.

#### III. Treatment If Conversion To Perfusing Rhythm:

- A. Give Lidocaine bolus if not already given, followed by a Lidocaine infusion at 2-4mg / minute
- B. If Return of Spontaneous Circulation (ROSC), consider acquisition and transmission of 12-lead ECG to receiving facility.
- C. Transport.

- D. Consider Dopamine 5-10 mcg/kg/min. Start at 5-10 mcg/kg/min. Titrate for effect to a maximum of 20 mcg/kg/min. (See drug list for dosage chart).

**Notes:**

1. Acquisition and possible transmission of a 12-lead ECG following ROSC is a lower priority than managing the patient's life threats, and is at the discretion of the paramedic.