



County of Santa Cruz

HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL
SERVICES PROGRAM

Protocol No. C3-P
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 at 2J/kg.
- C. Epinephrine 0.01mg/kg 1:10,000 IV/IO (0.1 ml/kg) 1mg IVP/IO.
- D. Defibrillate at 4J/kg.
- E. Lidocaine 1mg/kg IV/IO. Continue Lidocaine dose maximum 3mg/kg total infused.
- F. Continue to defibrillate at 4J/kg every two minutes.
- G. 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.
- H. When transporting, contact receiving hospital as soon as possible.

If Return of Spontaneous Circulation (ROSC), consider acquisition and transmission of 12-lead ECG to receiving facility. 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.