

# V-Fib/Pulseless V-Tach

**History**

- Events leading to arrest
- Estimated downtime
- Prior resuscitation attempts
- Past medical history
- Medications
- Known terminal illness

**Signs and Symptoms**

- Pulseless
- Apneic

**Differential**

- Medical vs. trauma
- VF vs. pulseless VT
- Asystole
- PEA
- Primary cardiac event vs. respiratory arrest or drug overdose
- Consider reversible causes

**AT ANY TIME**

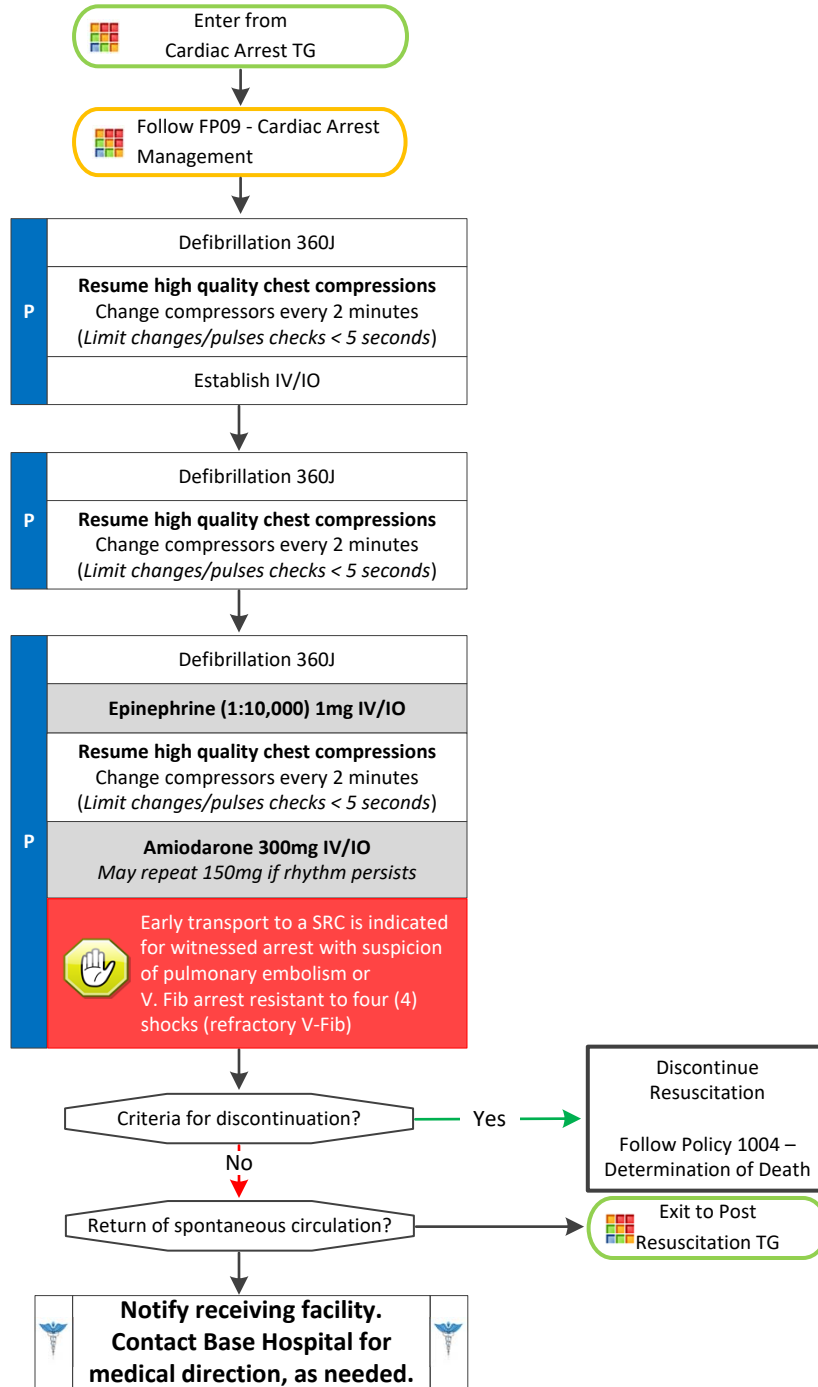
**Return of spontaneous circulation**



**Go to Post Resuscitation TG**

**Reversible Causes**

- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypothermia
- Hypo/Hyperkalemia
- Hypoglycemia
- Tension pneumothorax
- Tamponade (cardiac)
- Toxins
- Thrombosis (pulmonary)(PE)
- Thrombosis (coronary)(MI)



Adult Cardiac Treatment Guidelines



# V-Fib/Pulseless V-Tach

## Pearls

- Efforts should be directed at high quality and continuous chest compressions with limited interruptions and early defibrillation when indicated. Consider early IO placement if available or direct IV access if anticipated.
- Passive ventilation for the first three cycles (6 minutes) of CPR. After that time, the patient should be ventilated using a BLS airway and BVM at a rate of 6 ventilation/minute (1:10 seconds) with continuous CPR.
- Placement of an advanced airway should be deferred unless a provider is unable to ventilate the patient with a BLS airway and BVM.
- Use a metronome during chest compression to ensure proper rate.
- If a non-shockable rhythm persists for 30 minutes despite aggressive resuscitative efforts, consider cessation of efforts as outlined in the Determination of Death policy.
- Contact Base Hospital prior to transport of non-ROSC patients.
- The AutoPulse device is limited to 80 compressions/minute, which is acceptable when using this device during cardiac arrest.
- Effective chest compressions and prompt defibrillation are the keys to successful resuscitation.
- Reassess and document ETT placement and EtCO<sub>2</sub> frequently, after every move, and at transfer of care.
- Do not stop chest compressions to check for placement of ETT or to give medications.

