

**SAGINAW VALLEY
MEDICAL CONTROL AUTHORITY
PRACTICE PARAMETER**

VENTRICULAR FIBRILLATION & PULSELESS V-TACH

I. Assessment Information

- A. Assess adequacy of perfusion; level of consciousness, pulse, blood pressure and capillary refill.

FIRST RESPONDER

II. Management

- B. Evaluate and maintain airway, provide oxygenation and support ventilation with BVM- OPA/NPA as needed
- C. Initiate **CPR**¹
- D. Initiate **AED Practice Parameter**

BASIC LIFE SUPPORT

- E. Arrange for ALS Intercept
- F. **CONSIDER SUPERGLOTTIC AIRWAY**, if not breathing.
- G. Initiate transport toward ALS intercept, if transporting unit.

NOTIFY RECEIVING FACILITY

ADVANCED LIFE SUPPORT

- H. If AED in place, continue operation until after the actively advised shock has completed and then apply monitor/defibrillator. **DO NOT** discontinue AED if actively providing a shock.
- I. If AED was not in place, apply monitor/defibrillator. **DEFIBRILLATE one time @ 360 J** or allow for “**LOW ENERGY DEFIBRILLATION**” and immediately resume compressions.²

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N. Possible orders post-radio contact (Unsuccessful Defibrillation):

1. **MAGNESIUM SULFATE** 2GM IV/IO over 1-2 minutes with IV running wide open.
2. **SODIUM BICARBONATE** 1mEq/KG IV/IO- repeat doses as ordered.

O. Possible orders post-radio contact (Successful Defibrillation):

1. Other medications as directed by Medical Control

¹ After each intervention, resume CPR immediately and reassess the rhythm after each 2 minute interval.

² Biphasic equipment energy levels may be different, but the cycle is the same. All defibrillations will be at the device's maximum recommended energy. Follow manufacturers guidelines. Check pulse and rhythm after each cardioversion.

³ If no response in 5-10 minutes, begin Epinephrine 1 mg IV/IO every 3-5 minute

⁴ Recommend diluting in 20-30 ml D5W. May be administered before or after defibrillations

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