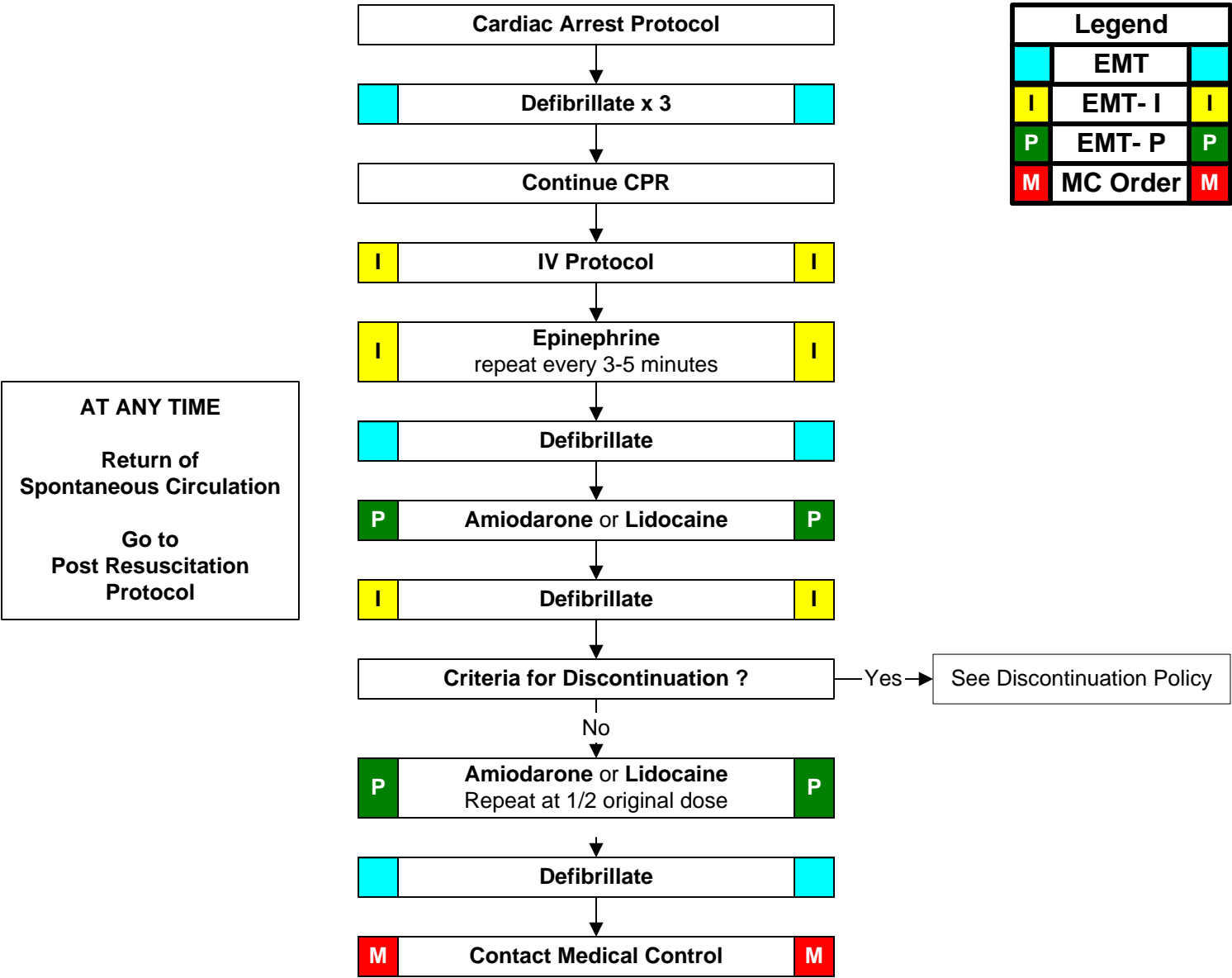




# Ventricular Fibrillation Pulseless Vent. Tachycardia



<b>History:</b> <ul style="list-style-type: none"> <li>• Estimated down time</li> <li>• Past medical history</li> <li>• Medications</li> <li>• Events leading to arrest</li> <li>• Renal failure / dialysis</li> <li>• DNR or living will</li> </ul>	<b>Signs and Symptoms:</b> <ul style="list-style-type: none"> <li>• Unresponsive, apneic, pulseless</li> <li>• Ventricular fibrillation or ventricular tachycardia on ECG</li> </ul>	<b>Differential:</b> <ul style="list-style-type: none"> <li>• <b>Asystole</b></li> <li>• <b>Artifact / Device failure</b></li> <li>• <b>Cardiac</b></li> <li>• <b>Endocrine / Metabolic</b></li> <li>• <b>Drugs</b></li> <li>• <b>Pulmonary</b></li> </ul>
--	--	--



Legend		
	EMT	
	EMT- I	
	EMT- P	
	MC Order	

- Pearls:**
- **Exam: Mental Status**
  - Pattern should be drug-shock, drug-shock, etc. (repeat drugs as per drug list).
  - Reassess and document endotracheal tube placement and ET CO2 frequently, after every move, and at discharge.
  - If defibrillation is successful and patient rearrests, return to previously successful energy level.
  - Calcium if hyperkalemia is suspected (renal failure, dialysis).
  - Defibrillation takes precedence over all treatment once the defibrillator is available.
  - If Defibrillation is underway by First Responders (FR), FR defibrillation should continue until 6 defibrillations are accomplished or patient is resuscitated.
  - Polymorphic V-Tach (Torsades de Pointes) may benefit from administration of magnesium sulfate.