

POLICY: 555.11  
TITLE: Ventricular Fibrillation – Pulseless Ventricular Tachycardia (Pediatric)

EFFECTIVE: 7/1/2018  
REVIEW: 7/2023  
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PAGE: 1 of 1

## VENTRICULAR FIBRILLATION – PULSELESS VENTRICULAR TACHYCARDIA

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMRs, EMTs, AEMTs and Paramedics within their scope of practice.
- III. PROTOCOL:  
**V-FIB**: Bizarre, rapid, irregular, ineffective rhythm with electrical waveforms varying in size and shape. There is no P wave. QRS complexes absent. V-Fib may masquerade in one lead as asystole. Be sure to check at least two leads to confirm asystole.  
**V-TACH**: Regular or slightly irregular rhythm. Heart rate about 200. A-V disassociation is present: P-waves may be seen unrelated to QRS complex. QRS complex distorted, wide (> 0.12 seconds) and bizarre. T-waves usually have opposite axis as QRS complex.

### STANDING ORDERS

<b>ASSESS</b>	CAB
<b>CPR</b>	In an un-witnessed arrest or when no CPR has been initiated by bystanders give 5 cycles of CPR (about 2 minutes). Minimize interruptions in compression as much as possible.
<b>DEFIBRILLATE</b>	Defibrillate at 2j/kg (or clinically equivalent biphasic energy doses). Immediately resume CPR for 5 cycles (about 2 minutes), then re-check rhythm and defibrillate at 4j/kg as appropriate. Interruption of CPR should be brief.
<b>SECURE AIRWAY</b>	Using the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Refer to General Procedures Protocol 554.00
<b>TRANSPORT</b>	
<b>IV/IO ACCESS</b>	TKO with micro-drip tubing and volume control chamber.
<b>EPINEPHRINE</b>	0.01 mg/kg of 1:10,000 IV/IO -. Repeat every 3 minutes.
<b>DEFIBRILLATE</b>	4 J/kg (or clinically equivalent biphasic energy doses). Reassess rhythm after each shock.
<b>LIDOCAINE</b>	1mg/kg IV/IO. Repeat once in 3 minutes if VFib/VTach persists.
<b>DEFIBRILLATE</b>	4 J/kg (or clinically equivalent biphasic energy doses). Repeat after each medication administered if VFib/VTach persists.

### BASE PHYSICIAN ORDERS

<b>DECLARATION OF DEATH</b>	After 3 doses epinephrine and 2 fluid boluses, if no reversible causes are identified.
-----------------------------	--