PEDIATRIC VENTRICULAR FIBRILLATION
PULSELESS VENTRICULAR TACHYCARDIA

HPI	Signs & Symptoms	Possible Causes	
• Witnessed vs unwitnessed • Last known well • PTA AED use • Bystander CPR • Suspected etiology • PMH	• Pulseless • Apneic • No signs of rigor or lividity • No findings of signs incompatible with life	• Hypovolemia • Hypoxia • Acidosis • Hyper/o-kalemia • Hypothermia • Hypoglycemia	• Toxins/OD • Cardiac tamponade • Acute coronary syndrome • PE • Trauma • Tension Pneumo

UNIVERSAL EMERGENCY CARDIAC CARE	**EMR**	**EMT**	**PM**
1. Assess responsiveness, pulse and breathing for no more then 10 seconds.	●	●	●
2. Consider and treat reversible causes of arrest	●	●	●
3. If no pulse and not breathing/gasping - Begin 2-rescuer CPR 15:2 compressions to ventilations for a 2 min. cycle	●	●	●
4. Ventilate with BVM on 100% **OXYGEN** with airway adjuncts, 1 breath every 2-3 sec.	●	●	●
5. Monitor Capnography.		●	●
6. Place monitor/defibrillator immediately as staffing allows	●	●	●
7. Analyze rhythm and defibrillate 2 J/kg or equivalent biphasic. Continue CPR 2 min.			●
8. Obtain vascular access IV/IO			●

PERSISTENT V.FIB/PULSELESS V.TACH			
9. Analyze rhythm and defibrillate 4 J/kg or equivalent biphasic. Continue CPR 2 min.			●
10. **EPINEPHRINE** 1 mg/10mL**:** 0.01 mg/kg IVP/IO, max. single dose 1 mg, repeat 3-5min., no max.			●
11. **NORMAL SALINE** in 20 mL/kg, may repeat			●
12. Analyze rhythm and defibrillate 6 J/kg or equivalent biphasic. Continue CPR 2 min.			●
13. **AMIODARONE:** 5 mg/kg IVP/IO, max. dose 300 mg			●
14. Analyze rhythm and defibrillate 8 J/kg or equivalent biphasic. Continue CPR 2 min.			●
15. If no response - **AMIODARONE**: 5 mg/kg IVP/IO, max. dose 150 mg			
16. Analyze rhythm and defibrillate 10 J/kg or equivalent biphasic. Continue CPR 2 min.			●
17. If return of spontaneous circulation see ROSC	●	●	●

NOTE:

1. If rhythm appears to be Torsades de Points (polymorphic ventricular tachycardia), contact **OLMC** to consider **MAGNESIUM SULFATE** 25 mg/kg, max. 2 g, diluted in 100mL D5W IVPB, over 5 minutes.
2. Utilize High Performance CPR for best patient outcome.
3. The best airway is an effective airway with the least potential complications.

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