For Stabilization of Rhythm after VF or VT Conversion
Evidence recommends treating the underlying cause rather than treating the PVC's unless the PVC's occur frequently or in groups (i.e. Salvos or VT). “Routine use not recommended”.

Assess and maintain CAB's
  Administer O₂ if needed
  Assess vitals
  Apply monitors (EKG, B/P, Resp Pulse Ox)
  Targeted history/ Physical exam
  Establish IV access

Look for underlying causes and consider whether pharmacologic intervention is appropriate. If yes:

↓

Antidysrhythmic of choice
  May bolus if not already done
  Otherwise, move to infusion section below

Amiodarone 150mg over 10 min
(Preferred agent)

↓

Repeat antidysrhythmic if needed

↓

If effective, consider an antidysrhythmic infusion of the agent used in the bolus

Infusions:
  Amiodarone 1mg/min for 6 hours (900mg in 500mLs @ 33mLs/hr)
  Then 0.5mg/min for 18 hours (17mLs/hr)
  or
  Lidocaine or Procainamide 1 - 4mg/min (2grams in 500mLs @15mLs/hr)

Quick tip
Generally choose only 1 antidysrhythmic until expert consult:

• Amiodarone bolus can be given 1x then repeated every 10 minutes (max 2.2 grams in 24 hrs)
• Lidocaine bolus 1 - 1.5mg/kg then repeated @ half doses to max of 3mg/kg
• Procainamide 20 - 50mg/min to max of 17mg/kg
• Magnesium 1 - 2 grams over several minutes (ok to mix with others if needed)