VENTRICULAR FIBRILLATION
or
PULSELESS VENTRICULAR TACHYCARDIA

“Circle of Life”
Core concepts of Resuscitation
Assess CAB’s and Begin CPR
Attach monitor / defibrillator
Defibrillate
(*device specific dose)
Administer Oxygen
Continue CPR in 2 minute cycles
↓
[Secondary procedures]
Secure Airway and Establish IV or IO with
NS or LR during CPR
↓
Defibrillate @ device specific dose
Continue CPR 2 minutes
↓
Given during CPR
Epinephrine 1mg
(Continue Epinephrine Q 3-5 min.)
↓
*Defibrillate @ device specific dose
Continue CPR 2 minutes
↓
Antidysrhythmic of choice
Given during CPR
Amiodarone 300mg
(May use Lidocaine 1 - 1.5mg/kg if Amiodarone
is unavailable)
↓
*Defibrillate @ device specific dose
Continue CPR 2 minutes

Repeat Sequence of CPR 2 min-Defibrillate-1 Medication
Repeat Epinephrine Q 3-5 minutes
Repeat Amiodarone 150mg 1x
or
(Only if Lidocaine was used initially)
(Lidocaine 0.5 - 0.75mg/kg up to 3mg/kg max)

Evaluate for & treat reversible causes
anytime during the sequence

The sequence should be:
Hypoxia
Hypovolemia
Hydrogen ion (Acidosis)
Hyper/Hypokalemia
Hypothermia
Toxins (overdose)
Thrombosis - Pulmonary
Thrombosis - Coronary
Tamponade - (Cardiac)
Tension Pneumothorax

Quick tip
CPR → Drug → Shock → CPR

Tips for successfully managing this case:

◇ Don’t forget:
  • Continue CPR
  • Throughout and for 2min
  • Monitor for effective CPR - Use ETCO₂
  • 2” compression
  • Full recoil
  • No rush to intubate
  • Start/upgrade IV or IO
  • Gather focused history

Primary goal: continue effective CPR followed by rotating medications.

*Verbalize appropriate drug, dose, route, flush, and reevaluate patient
every 2 minutes.

Once a rhythm is restored, maintain ventilations as appropriate then
stabilize in order:
1. rate
2. rhythm
3. blood pressure