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Executive Director

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Medical Director

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### PEDIATRIC 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 EMT-Is and EMT-Ps in treating patients.
- 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.

Consider Code 2 transport of all patients in cardiac arrest, unless special circumstances which might favor survival are suspected.

#### STANDING ORDERS

<b>ABC's</b>	
<b>CPR</b>	In an unwitnessed arrest or when no CPR has been initiated by bystanders give 5 cycles of CPR (about 2 minutes)
<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/INTUBATE</b>	Using the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Consider intubation while en route. Confirm placement, if intubated, with end-tidal CO <sub>2</sub> detector and esophageal detector device. <b>Continuous waveform capnography should be used in all intubated patients, if available.</b> Once advanced airway is established, perform continuous chest compressions without stopping for ventilations.
<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 push or 0.1 mg/kg of 1:1000 ET. Repeat every 3 minutes. (Do not delay epinephrine due to difficult IV/IO starts. Give via ET).
<b>DEFIBRILLATE</b>	4 J/kg (or clinically equivalent biphasic energy doses). Reassess rhythm after each shock.
<b>LIDOCAINE</b>	1 mg/kg IV/IO or 2 mg/kg ET. 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

**DECLARATION OF DEATH:** Refer to Determination of Death policy 570.20.