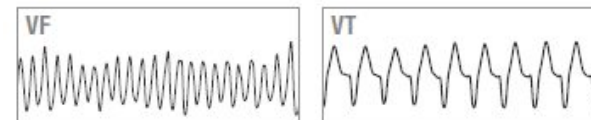


# 5 Cardiac Arrest – VF/VT



Shockable cardiac arrest

## START

- 1 **Call for help and a code cart/defibrillator**
  - ▶ **Ask:** “Who will be the crisis manager?”
  - ▶ **Say:** “Shock patient as soon as defibrillator arrives.”
- 2 **Put backboard under patient, supine position**
- 3 **Turn FiO<sub>2</sub> to 100%, turn off volatile anesthetics**
- 4 **Start CPR – defibrillation – assessment cycle**
  - ▶ **Perform CPR**
    - “Hard and fast” about 100 compressions/min
    - Ensure full chest recoil with minimal interruptions
    - 8 breaths/minute, do not over ventilate
  - ▶ **Defibrillate**
    - Shock at highest setting
    - Resume CPR immediately after shock
  - ▶ **Give epinephrine**
    - Repeat epinephrine every 3 – 5 minutes
    - Can give vasopressin to replace 1<sup>st</sup> or 2<sup>nd</sup> dose of epinephrine
  - ▶ **Consider giving antiarrhythmics for refractory VF/VT** (amiodarone preferred, if available)
  - ▶ **Assess every 2 minutes**
    - Change CPR compression provider
    - Treat reversible causes, consider reading aloud Hs & Ts (see list in right column)
    - Check rhythm; if rhythm organized check pulse

If: VF/VT continues: Resume CPR – defibrillation – assessment cycle (restart Step 4)

If: Asystole/PEA continues: Go to ▷ CHKLST 4

  - Call Code Team if resources inadequate 662 -2345

## DRUG DOSES and treatments

Epinephrine: 1 mg IV, repeat every 3 – 5 mins.  
 Vasopressin: 40 U IV can replace 1<sup>st</sup> or 2<sup>nd</sup> dose of epinephrine

### ANTIARRHYTHMICS

Amiodarone:     • 1<sup>st</sup> dose: 300 mg/IV/IO  
                       • 2<sup>nd</sup> dose: 150 mg/IV/IO

Magnesium:     1 to 2 g IV/IO for Torsades de Pointes

## DEFIBRILLATOR instructions

1. Place electrodes on chest.
2. Turn defibrillator ON, set to DEFIB mode, and increase ENERGY LEVEL
  - Biphasic: Follow manufacturer recommendation;  
If unknown, use highest setting
3. Deliver shock: press CHARGE then press SHOCK.

## Hs & Ts

- |                                  |   |   |
|----------------------------------|---|---|
| • Hydrogen Ion (acidosis)        | • Tamponade (cardiac)   | • Toxin (local anesthetic, beta blocker, calcium channel blocker) |
| • Hyperkalemia                   | • Tension pneumothax<br>○ Go to ▷ CHKLST 19                         | ○ Local Anesthetic Toxicity, Go to ▷ CHKLST 15                    |
| • Hypothermia                    | • Thrombosis (pulmonary)<br>○ Pulmonary Embolism, Go to ▷ CHKLST 21 |   |
| • Hypovolemia                    | • Thrombosis (coronary)<br>○ Myocardial Ischemia, Go to ▷ CHKLST 16 |   |
| • Hypoxia<br>○ Go to ▷ CHKLST 10 |   |   |

## During CPR

Airway:           Bag-mask sufficient (if ventilation adequate)

Circulation:      • Confirm adequate IV or IO access  
                       • Consider IV fluids wide open

Assign roles:    Chest compressions, Airway, Vascular access, Documentation, Code cart, Time keeping