

OPERATIONS: BLS/ALS TREATMENT PROTOCOLS

DATE: Rev. 4/16/12

SUBJECT: DYSRHYTHMIAS (continued)

POLICY NUMBER: 9184

<p style="text-align: center;"><u>BLS</u></p>	<p style="text-align: center;"><u>ALS</u></p>
<p>Begin CPR , after first 30 compressions give fist ventilations and continue until ready to defibrillate</p> <p>AED if available</p> <p>Assist ventilations</p> <p>Monitor O2 saturation prn.</p> <p>*Perilaryngeal Airway may only be utilized by authorized EMT-I, or Advanced EMT, who have EMT-I Optional Skill Accreditation.</p>	<p style="text-align: center;">If unwitnessed, perform CPR x2 min. prior to defibrillation (if witnessed by EMS, perform CPR until ready to defibrillate)</p> <p style="text-align: center;"><u>VENTRICULAR FIBRILLATION/PULSELESS VENTRICULAR TACHYCARDIA</u></p> <p>Monitor ECG/Monitor O2 saturation prn.</p> <p>SO Defibrillate at max setting x1 at manufacturer's recommended energy dose</p> <p style="padding-left: 40px;">Perform CPR x2 minutes immediately after shock</p> <p style="padding-left: 40px;">Perform max. 10 second rhythm check (perform pulse check only if perfusing rhythm)</p> <p>SO Defibrillate at max setting x1 if indicated for persistent VF/Pulseless VT</p> <p style="padding-left: 40px;">After each shock, continue with sequence of CPR x2 minutes & rhythm check until patient converts</p> <p>SO Establish IV TKO, do not interrupt CPR to start IV</p> <p>SO Epinephrine (1:10,000) 1 mg IV during CPR, may repeat q 3-5 min., OR (1:1,000) 2 mg in 8 cc NS ETT X I (if no IV)</p> <p>SO After each drug, continue with sequence of CPR x2 minutes, rhythm/pulse check and shock prn until patient converts</p> <p>SO Insert ETT/Perilaryngeal Airway (once airway is in place ventilate patient at a rate of 8-10 breaths/min)</p> <p>SO EtCO2 monitoring (Waveform Capnography 35 - 45 mm/Hg)</p> <p>SO If return of pulses obtain 12-Lead ECG if available</p> <p>Note: For patients with an EtCO2 reading of less than 10mm/Hg or patients in nonperfusing rhythms after resuscitative effort, consider early Base Hospital contact for disposition/pronouncement at scene.</p> <ul style="list-style-type: none"><input type="checkbox"/> Flush IV line with N.S. after medication administration. Medication should be administered as soon as possible after rhythm checks.<input type="checkbox"/> CPR ratio 30:2 compressions to ventilations (compression rate of 100/min) until patient is intubated, then ratio becomes 10:1. <p><u>PEDIATRIC NOTE:</u></p> <p style="text-align: center;">Refer to Pediatric Drug Guide</p>

APPROVAL:



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