



V-FIB V-TACH ADULT GUIDELINES 2010

MINUTES

0:00

0:02

0:04

0:06

0:08

0:10

0:12

0:14

CONTINUE
TO 0:30

ACLS Certified



Resuscitation Leader

Run the Code

- Drug within 2-3 minutes
- Monitor Rhythm
- Order Medications

- Confirm Resuscitation Status
- Consider H's & T's
- Consider Magnesium Sulfate 2 g IV/IO
- Consider Fluid Challenge/s
- Consider Sodium Bicarb 50 mEq IV/IO
- Consider Narcan 2mg IV/IO
- Consider Calcium Chloride 1 G IV/IO
- Consider Termination

H's & T's:

- Hypovolemia
- Hypoxia
- Hydrogen Ion (acidosis)
- Hypo-/Hyperkalemia
- Hypoglycemia
- Hypothermia
- Toxins
- Tamponade (Cardiac)
- Tension Pneumothorax
- Thrombosis (Pulmonary)
- Thrombosis (Coronary)
- Trauma

If ROSC Occurs:

1. Order 12 lead EKG
2. Consider Cooling Measures



BLS Provider

At Least 2 inch Compression Depth
100/minute "Stayin' Alive"
CC Interruptions < 10 seconds
Rotate Every 2 minutes



BLS Provider

BVM ASAP

- 2 hand facemask seal
- Don't break seal
- 1 Hand Squeeze/1 sec.

ACLS Certified



Provider 1

Monitor / Defib

Do not check pulse after shocks
Only check pulse after 2 min CPR



Provider 2

Access & Drugs

Administer IV/IO ASAP
Administer first drug within 3 minutes

Start CPR	BVM + ResQPod ASAP
Apply Lucas or Switch	Monitor ETCO2
Switch	
Switch	
Switch	
Switch	Consider Advanced Airway
Switch	
Switch	

Shock at 200 J	Establish IV/IO/Accucheck
Shock at 300 J	Epi 1 mg (1:10,000) IV/IO
Shock at 360 J	Amiodarone 300 mg IV/IO
Shock at 360 J	Vasopressin 40 units IV/IO
Shock at 360 J	Amiodarone 150 mg IVP
Shock at 360 J	Epi 1 mg (1:10,000) IV/IO
Shock at 360 J	
Shock at 360 J	Epi 1 mg (1:10,000) IV/IO

Continue to 30 minutes. If ROSC occurs, order 12 lead EKG and consider cooling measures.



ASYSTOLE PEA ADULT GUIDELINES 2010

MINUTES

0:00

0:02

0:04

0:06

0:08

0:10

0:12

0:14

CONTINUE
TO 0:30

ACLS Certified

Resuscitation Leader

Run the Code

- Drug within 2-3 minutes
- Monitor Rhythm
- Order Medications

- Confirm Resuscitation Status
- Consider H's & T's
- Consider Magnesium Sulfate 2 g IV/IO
- Consider Fluid Challenge/s
- Consider Sodium Bicarb 50 mEq IV/IO
- Consider Narcan 2mg IV/IO
- Consider Calcium Chloride 1 G IV/IO
- Consider Termination

H's & T's:

- Hypovolemia
- Hypoxia
- Hydrogen Ion (acidosis)
- Hypo-/Hyperkalemia
- Hypoglycemia
- Hypothermia
- Toxins
- Tamponade (Cardiac)
- Tension Pneumothorax
- Thrombosis (Pulmonary)
- Thrombosis (Coronary)
- Trauma

If ROSC Occurs:

1. Order 12 lead EKG
2. Consider Cooling Measures

ACLS Certified

BLS Provider

At Least 2 inch Compression Depth
100/minute "Stayin' Alive"
CC Interruptions < 10 seconds
Rotate Every 2 minutes

BLS Provider

BVM ASAP

- 2 hand facemask seal
- Don't break seal
- 1 Hand Squeeze/1 sec.

Provider 1

Monitor / Defib

Do not check pulse after shocks
Only check pulse after 2 min CPR

Provider 2

Access & Drugs

Administer IV/IO ASAP
Administer first drug within 3 minutes

Start CPR	BVM + ResQPod ASAP	Monitor for changes	Establish IV/IO/Accucheck
Apply Lucas or Switch	Monitor ETCO2	Monitor for changes	Epi 1 mg (1:10,000) IV/IO
Switch		Monitor for changes	
Switch		Monitor for changes	Vasopressin 40 units IV/IO
Switch		Monitor for changes	
Switch	Consider Advanced Airway	Monitor for changes	Epi 1 mg (1:10,000) IV/IO
Switch		Monitor for changes	
Switch		Monitor for changes	Epi 1 mg (1:10,000) IV/IO

Continue to 30 minutes. If ROSC occurs, order 12 lead EKG and consider cooling measures.