Pediatric Ventricular Fibrillation/Pulseless Ventricular Tachycardia

If AED is applied prior to ALS arrival, perform CPR and reassess the rhythm as indicated. After each intervention resume CPR immediately and reassess the rhythm after each 2 minute or 5 cycle interval.

For Biphasic devices shock with energy levels following manufacturers' recommendations.

Pre-Medical Control

PARAMEDIC

1. Follow the **Pediatric Cardiac Arrest – General Protocol**.
2. Defibrillate at 2 J/kg* and then continue CPR for 2 minutes.
3. Repeat defibrillation at 4 J/kg* every 2 minutes as indicated with immediate resumption of compressions. If rhythm changes go to appropriate protocol.
4. Start an IV/IO NS KVO. If IV is unsuccessful after 2 attempts, start an IO line per **Vascular Access Procedure.** IO may be first line choice.
5. Administer Epinephrine 1:10,000, 0.01 mg/kg (0.1 ml/kg) IV/IO, maximum dose 1 mg (10 ml). Repeat every 3-5 minutes. May be administered before or after defibrillation.
6. If unable to ventilate or unable to maintain a patient airway, establish a patent airway, maintaining C-Spine precaution if indicated, using appropriate airway adjuncts & high flow oxygen. See **Emergency Airway Procedure.**
7. For persistent or recurrent Ventricular Fibrillation / Pulseless Ventricular Tachycardia, administer Amiodarone 5 mg/kg IV/IO, maximum dose 300 mg. May be administered before or after defibrillation.
8. Repeat defibrillation at 4 joules/kg*. Continue CPR and repeat defibrillations as indicated.
9. For persistent of recurrent VF / Pulseless VT, may repeat Amiodarone 5 mg/kg IV/IO twice up to a maximum of 15 mg/kg or a maximum dose of 450 mg. May be administered before or after defibrillation.

*If calculated energy is less than the lowest available setting, use the lowest available setting.