

DOSE-VF

DUAL SEQUENTIAL ARM

ACP and PCP Dose-VF Research Medical Directive

An ACP/PCP Paramedic may provide the treatment prescribed in this medical directive if certified and authorized.

INDICATIONS

Refractory Ventricular Fibrillation

CONDITIONS

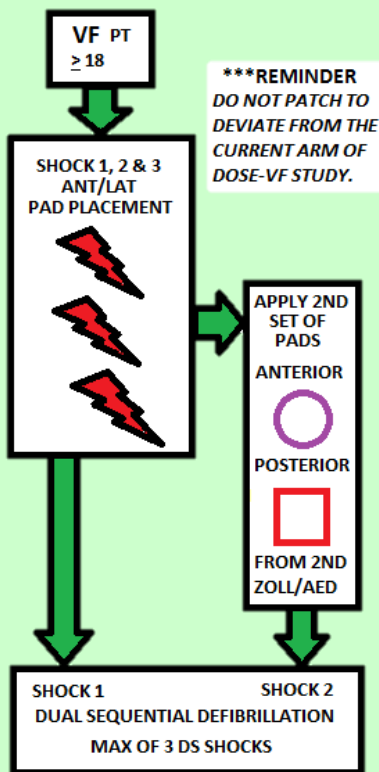
Dual Sequential Defibrillation	
Age	≥ 18 years
LOA	Altered
HR	N/A
RR	N/A
SBP	N/A
Other	Non-traumatic VF of presumed cardiac etiology Presenting rhythm of VF Three previous consecutive shocks by treating paramedics Currently randomized to Dual Sequential arm of trial

CONTRAINDICATIONS

Dual Sequential Defibrillation	
Traumatic cardiac arrest	
Suspected overdose	
Cardiac arrest secondary to environmental cause (drowning, hypothermia, hanging)	
Any verbal or written DNR	
Any non-VF rhythm or ROSC during first three analyses by participating paramedics	

TREATMENT

Consider Dual Sequential Defibrillation	
	Age ≥ 18 Years
Dose	1 Dual Sequential Shock
Max. Single Dose	200J per Defibrillator
Dosing Interval	2 min
Max. # of Doses	3



ePCR Procedure Code
933.4 - DOSE VF
Dual Sequential Defibrillation Arm

CLINICAL CONSIDERATIONS

Where two participating Paramedic Services responding to the same call, the defibrillation protocol used will be the one followed by the first Paramedic Service on-scene.

The defibrillator for **Additional Standard Defibrillation** will be the Paramedic Service Defibrillator.

The second defibrillator for **Dual Sequential Defibrillation** will be a participating Paramedic Service Defibrillator or a participating Fire Service Defibrillator (in order of preference).

The defibrillator for **Vector Change Defibrillation** will be a participating Paramedic Service Defibrillator.

Where a non-participating Paramedic Service/Fire Service or PAD responder is on scene, the second defibrillator for **Dual Sequential Defibrillation** will be from a participating service. Where a second defibrillator is unavailable, the participating paramedic will default to **Vector Change Defibrillation**.

Airway management will be as per the Medical Cardiac Arrest Medical Directive.

All patients will be transported including patients in the **Additional Standard Defibrillation** group.

Transport will be initiated after achieving a ROSC, a non-shockable rhythm or completing the 3rd shock of this directive, whichever comes first.

For recurrent VF arrest enroute, the paramedic will administer a single shock in keeping with the original randomization.

There is no mandatory patch point in implementing this directive although paramedics will patch at their discretion for other patient care concerns (e.g. medications, airway management).

