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Support ...

I. In General, Dose Depends On Type Of Arrhythmia Being Treated – Ventricular Arrhythmias Generally Require Higher Doses Than Supraventricular/atrial Arrhythmias Ii. Dose Adjustments May Be Required In Some Cases For Renal And/or Hepatic Insufficiency 1. Feb 7th, 2024

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Defibrillate At 360 Joules And Repeat Defibrillation Every 2 Minutes, If Rhythm Shockable. 2. Administer Epinephrine, 1 Mg, IV/IO Push, Circulate With 2 Minutes Of CPR. 3. Defibrillate At 360 Joules, If Rhythm Shockable. Resume CPR. 4. Adm Jan 7th, 2024

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