

STABLE WIDE-COMPLEX TACHYCARDIA (HR>150)

1. Establish IV/IO access.
2. Administer **O₂**.
3. Apply cardiac monitor
4. Attempt to establish a specific diagnosis through a 12 lead EKG and clinical information.
5. If the rhythm appears to be a regular and monomorphic wide-complex tachycardia, consider vagal maneuvers.*
6. If vagal maneuvers unsuccessful, consider 6 mg of adenosine (Adenocard®) rapid IV bolus followed by a 20 ml NS flush[†]. If tachycardia persists, administer a second dose of 12 mg of Adenocard® rapid IV bolus followed by a 20 ml NS flush. [†]
7. If tachycardia persists, consult with medical control for possible administration of 150 mg of **amiodarone** over 10 minutes.[‡]
8. If patient becomes unstable[§] consider sedation and synchronized cardioversion beginning at 100j for wide regular complex tachycardia. Use defibrillation dose (**NOT** synchronized) for wide irregular complex tachycardia.

*See **Carotid Sinus Massage Procedure**.

[†]Adenosine should not be used for irregular stable wide-complex tachycardia.

[‡]The maximum dose of Amiodarone IV is 2.2 gm over 24 hours.

[‡]Lidocaine may be substituted if the patient is hypersensitive to Amiodarone or a drug overdose is suspected.

[§]Tachycardia causing one or more of the following: hypotension, acutely altered mental status, signs of shock, ischemic chest discomfort, CHF