

VENTRICULAR TACHYCARDIA WITH PULSES / WIDE COMPLEX TACHYCARDIA

A regular or slightly irregular rhythm. Heart rate 100 to 200. A-V disassociation. QRS complex distorted, wide (greater than 0.12 seconds) and bizarre.

Serious Signs or Symptoms (S or S): Chest pain, S.O.B., decreased level of consciousness, low blood pressure, shock, pulmonary edema, acute myocardial infarction.

Field Treatment - BLS

OXYGEN: High Flow, as tolerated

POC & VITALS Keep patient in position of comfort, assess vitals

Field Treatment - ALS

12 Lead EKG Do **NOT** delay treatment for patient's with serious S & S to obtain 12 Lead.

IV / IO ACCESS: TKO

ASSESS:

Heart Rate greater than 150 with Presence of Serious S or S

VERSED: Versed 0.1 mg/kg/dose slow IV push (over 2 min.) to a maximum of 4 mg (may be repeated once)

CARDIOVERT: Synchronized at 100 J., 200 J., 300 J., 360 J (or biphasic equivalent)
Reduce power by half for digitalized patients. If delays in synchronization occur and clinical conditions are critical, go to immediate unsynchronized shocks.

Heart Rate less than 150 with Serious S or S or greater than 150 without Serious S or S

LIDOCAINE: 1.5 mg/kg IV push. If patient does not convert re-bolus with lidocaine
1.5 mg/kg IV push. Total lidocaine by bolus not to exceed 3 mg/kg.
If rhythm converts with lidocaine, start a lidocaine drip at 2 mg/min, increase to 4 mg/min as needed for increased ventricular ectopy.

Considerations:

CYCLIC ANTIDEPRESSANTS: See Poisonings protocol, Page 16