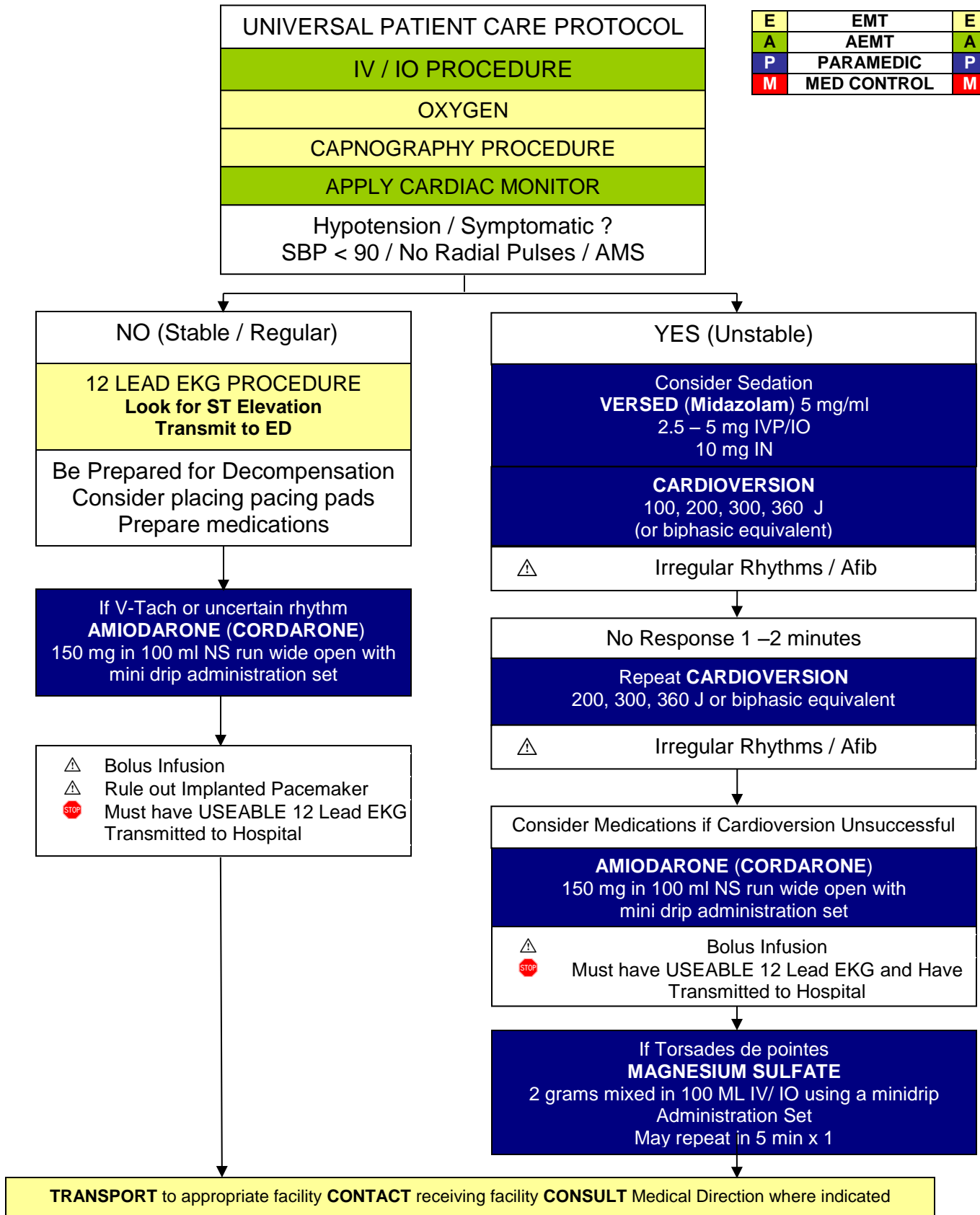




Section 4: Adult ACLS Protocols

ADULT ACLS: WIDE COMPLEX TACHYCARDIA- with PULSE

E	EMT	E
A	AEMT	A
P	PARAMEDIC	P
M	MED CONTROL	M





Section 4: Adult ACLS Protocols

ADULT ACLS: WIDE COMPLEX TACHYCARDIA- with PULSE-Cont.

PEARLS and KEY POINTS

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none">• Past medical history / medications, diet, drugs.• Syncope / near syncope• Palpitations• Pacemaker• Allergies: Amiodarone (Cordarone)	<ul style="list-style-type: none">• Ventricular tachycardia on ECG (runs or sustained)• Conscious, rapid pulse• Chest pain, shortness of breath• Dizziness• Rate usually 150 - 180 bpm for sustained V-Tach	<ul style="list-style-type: none">• Artifact / device failure• Cardiac• Endocrine / metabolic• Drugs• Pulmonary

Exam: Mental Status, Skin, Neck, Lung, Heart, Abdomen, Back, Extremities, Neuro

- Polymorphic V-Tach (Torsades de Pointes) may benefit from the administration of Magnesium Sulfate.
- If the patient converts to another rhythm, refer to the appropriate protocol and treat accordingly.
- If the patient relapses back into wide complex tachycardia / ventricular tachycardia, initiate synchronized cardioversion with the joules setting that previously cardioverted the patient.
- Record 3 - Lead EKG strips during medication administration.
- Perform a code summary and attach it to the patient run report.
- Be sure to treat the patient and not the monitor.