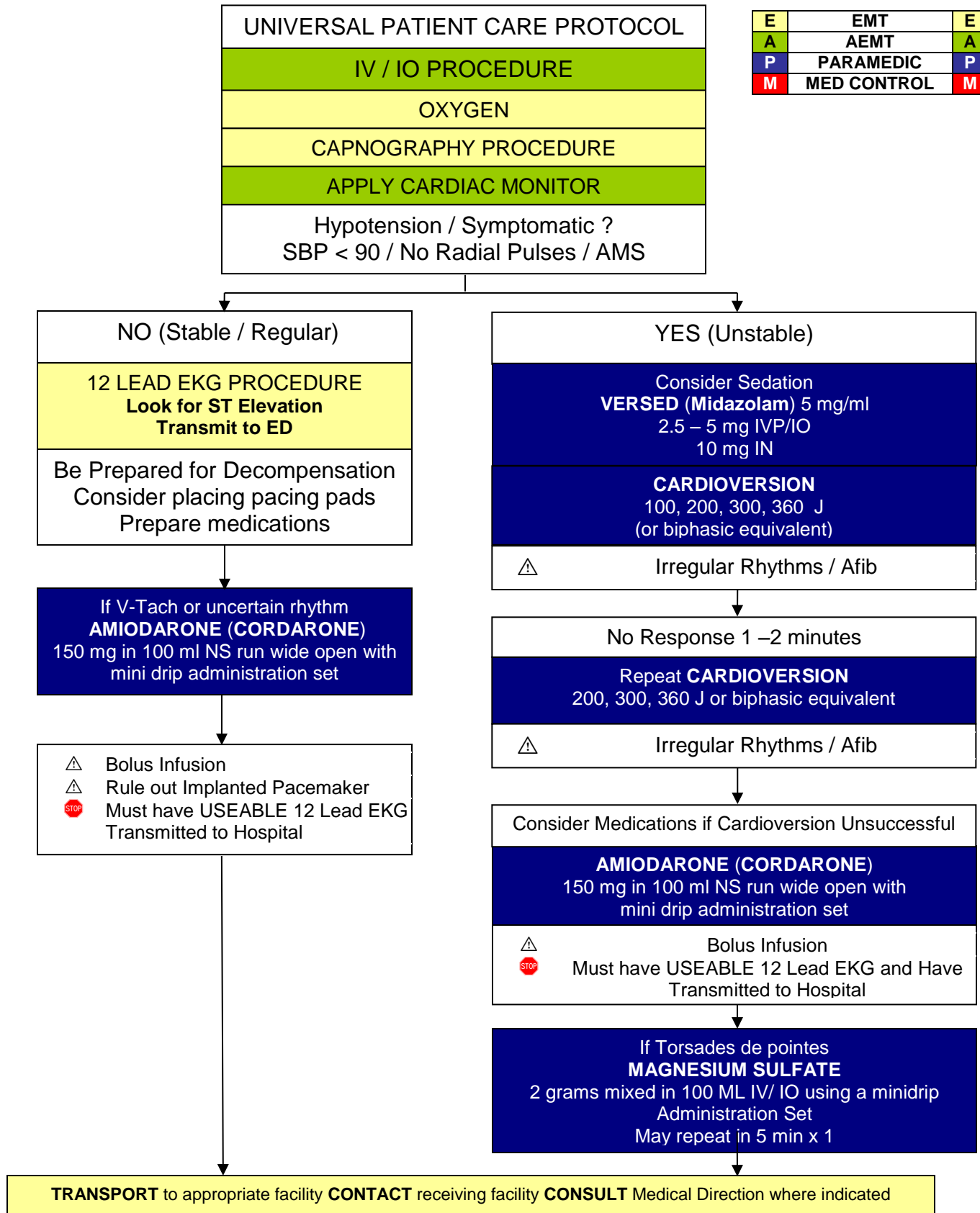




# Section 4: Adult ACLS Protocols

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

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.