Adult Wide Complex Tachycardia
Regular Rhythm

**Designation of Condition:** Sustained ventricular tachycardia (broad QRS > 0.11ms) will be present on the monitor. The patient will have a pulse and may present with hypotension (SP <90mmHg), chest pain, shortness of breath, or diaphoresis

**ABC’s, Vital signs**

- Apply cardiac monitor
- Obtain 12 lead ECG
- O2 to maintain an SpO2 of >90%
- Capnography
- Administer ASA 324mg PO if C/O chest pain

**IV/IO**

- Fluid bolus of 500ml, repeated as needed to a max of 20ml/kg, to rule out hypovolemia or dehydration

**Is the patient stable?**

- Unstable signs: Hypotension/weak or no radial pulse, acute AMS, ischemic chest pain, acute CHF, syncope, s/sx of cardiogenic shock

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**Regular Monomorphic Stable**

**First Consider:**

- If hyperkalemia suspected (high suspicion for dialysis patient with “sine wave” pattern or sino-ventricular rhythm):
  - Treat with Calcium per Hyperkalemia guideline
- If suspected TCA Overdose:
  - Treat with Sodium Bicarbonate per drug overdose guideline
- Consultation with EMS Consortium if:
  - patient is stable prior to anti-arrhythmic administration
  - Lidocaine (Considered as 2nd line therapy, if above therapies have failed or not suspected)
  - 1-1.5mg/kg IV/IO
  - May repeat once in 5 minutes to a max of 3 mg/kg
  - If successful, consider a maintenance infusion of 1-4 mg/minute

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**Regular Monomorphic Unstable**

**Consider sedation with Midazolam**

- 1-5mg IV/IO/IM/IN to max of 10mg

**Synchronized Cardioversion**

- Medtronic: 100J
- Zoll: 75J

**Repeat synchronized cardioversion** if necessary

- Medtronic: 200J, 300J, 360J
- Zoll: 120J, 150J, 200J

**If VT still persists:**

- Alternate Lidocaine 1-1.5mg/kg first dose and 0.5-0.75mg/kg subsequent doses to a max of 3mg/kg
- and cardioversion at maximum joule setting until VT resolves
  - (Lidocaine contraindicated in TCA OD)

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*****KEY POINTS***

For ASYMPTOMATIC PATIENTS (or those with only minimal symptoms, such as palpitations) and any tachycardia with rate approximately 100-120 and a normal blood pressure, consider CLOSE OBSERVATION and/or fluid bolus rather than immediate treatment with an anti-arrhythmic medication