Pediatric Wide Complex Tachycardia

Pre-Medical Control

PARAMEDIC

1. Follow the **Pediatric Assessment and Treatment Protocol.**

STABLE

1. Consider 12-Lead ECG, if available.

Post-Medical Control

2. Per MCA Selection Administer Lidocaine OR Amiodarone.

Medication Options:
(choose one)

☐ Lidocaine 1 mg/kg IV/IO
OR
☐ Amiodarone 5 mg/kg IV/IO over 20-60 minutes

UNSTABLE

1. If Cardiopulmonary compromise is present as evidenced by hypotension, acutely altered mental status or signs of shock, contact medical control.

Post-Medical Control

2. If time and condition allow prior to cardioversion, sedate per MCA selection. Refer to **Patient Sedation Protocol**.
3. If HR greater than 180, consider Synchronized Cardioversion 0.5 – 1 J/kg.
4. Consider repeat cardioversions at 2 J/kg.
5. In borderline unstable patients, consider Adenosine if rhythm regular and QRS is monomorphic. If IV/IO is readily available, administer Adenosine 0.1 mg/kg (maximum 6 mg) IV/IO, rapid IV push through the most proximal injection site. This should be followed immediately with a 5 – 10 ml NS flush. May repeat Adenosine 0.2 mg/kg IV/IO (maximum 12 mg).

Follow **Pediatric Assessment and Treatment Protocol**

Probable VT
Wide complex tachycardia

STABLE

- Consider 12-Lead ECG, if available

Contact Medical Control

Per MCA Selection

- Administer Lidocaine 1 mg/kg IV/IO

OR

- Amiodarone,5 mg/kg IV/IO over 20-60 minutes

Medication Options:
(choose one)

☐ Lidocaine 1 mg/kg IV/IO

OR

☐ Amiodarone 5 mg/kg IV/IO over 20 – 60 minutes

UNSTABLE

If **CARDIOPULMONARY COMPROMISE** is present as evidenced by:

- Hypotension
- Acutely altered mental status
- Signs of shock

Contact Medical Control

- If time and condition allow prior to cardioversion, sedate per MCA selection. Refer to **Patient Sedation Protocol.**

- If HR greater than 180, consider Synchronized Cardioversion 0.5 - 1 J/kg.
- Consider repeat cardioversions at 2 J/kg.

- In borderline unstable patients, consider Adenosine if rhythm and QRS is monomorphic. If IV/IO is readily available administer Adenosine 0.1 mg/kg (maximum 6 mg) IV/IO, rapid IV push through the most proximal injection site. This should be followed immediately with a 5 – 10 ml NS flush.
- May repeat Adenosine 0.2 mg/kg IV/IO (maximum 12 mg).