

Wide Complex Tachycardia

Pre-Medical Control

1. Follow the **General Pre-Hospital Care Protocol**.
2. Consider 12-Lead EKG, if available and patient stable.

STABLE

Contact Medical Control.

<p><u>Medication Options:</u> (choose one)</p> <p><input type="checkbox"/> Amiodorone, 5 mg/kg IV/IO</p> <p>OR</p> <p><input type="checkbox"/> Lidocaine, 1 mg/kg IV/IO</p>

Post-Medical Control

Administer Lidocaine 1mg/kg IV/IO OR Amiodorone 5 mg/kg IV/IO over 20-60 minutes.

UNSTABLE

Contact Medical Control.

Post-Medical Control

1. If time permits initiate IV/IO NS.

<p><u>Sedation :</u> (Select Options) (Titrate to minimum amount necessary)</p> <p><input type="checkbox"/> Midazolam 1-5 mg IV/ IO (0.05 mg/kg) titrated slowly may repeat every 5 minutes until maximum of 0.1 mg/kg</p> <p><input type="checkbox"/> Diazepam 5-10 mg IV/ IO (0.1 mg/kg) titrated slowly may repeat every 5 minutes until maximum 0.3 mg/kg</p> <p><input type="checkbox"/> Lorazepam 1-2 mg IV/ IO (0.1 mg/kg, max 4 mg/dose) titrated may repeat every 5 minutes until maximum of 8 mg</p> <p><input type="checkbox"/> Fentanyl 1 mcg/kg IV/IO</p>

2. Consider sedation before cardioversion if patient is conscious (follow sedation options below). DO NOT delay cardioversion for administration of sedation or trial of adenosine.
 - Synchronized Cardioversion – 0.5-1 joules/kg. If no conversion, repeat at 2 joules/kg and then at 4 joules/kg.
 - Administer Lidocaine 1mg/kg IV/IO

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3. In borderline unstable patients, adenosine may be tried. If IV/IO is readily available administer Adenosine 0.1 mg/kg IV/IO; maximum 6 mg. May repeat with 0.2 mg/kg IV/IO; maximum 12 mg.

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Follow **General Pre-hospital Care Protocol**
 Consider 12-Lead EKG, if available and patient stable

Probable VT
Wide complex tachycardia

STABLE

UNSTABLE

Contact Medical Control

Contact Medical Control

Administer Lidocaine 1mg/kg IV/IO
OR
 Amiodorone 5 mg/kg IV/IO over 20-60 minutes

If time permits initiate IV/IO NS
Consider sedation before cardioversion if conscious (see box at right)
DO NOT delay cardioversion

- Synchronized Cardioversion 0.5 - 1 joules/kg If no conversion, repeat at 2 joules/kg, then at 4 joules/kg
- Administer Lidocaine 1 mg/kg IV/IO

In borderline unstable patients, adenosine may be tried. If IV/IO is readily available administer Adenosine 0.1 mg/kg IV/IO; maximum 6 mg. May repeat with 0.2 mg/kg IV/IO; maximum 12 mg

- Sedation :**
(Select Options)
(Titrate to minimum amount necessary)
- Midazolam 1-5 mg IV/ IO (0.05 mg/kg) titrated slowly may repeat every 5 minutes until maximum of 0.1 mg/kg
 - Diazepam 5-10 mg IV/ IO (0.1 mg/kg) titrated slowly may repeat every 5 minutes until maximum 0.3 mg/kg
 - Lorazepam 1-2 mg IV/ IO (0.1 mg/kg, max 4 mg/dose) titrated may repeat every 5 minutes until maximum of 8 mg
 - Fentanyl 1 mcg/kg IV/IO

- Medication Options:**
(choose one)
- Amiodorone, 5 mg/kg IV/IO
- OR**
- Lidocaine, 1 mg/kg IV/IO