Wide Complex Tachycardia

(Presumed Ventricular Tachycardia)

A guideline for patients with wide complex tachycardia of cardiac origin with QRS > 0.12 seconds & HR > 150. SYNCHRONIZED CARDIOVERSION GENERALLY PRECEDES DRUG THERAPY FOR UNSTABLE PATIENTS. Unstable patients may be defined as those having a wide complex tachycardia with: significant chest pain, significant shortness of breath, decreased level of consciousness, hypotension, shock, or pulmonary edema.

Pre-Medical Control

1. Follow the General Pre-Hospital Care Protocol.
2. Identify and treat reversible causes.
3. Determine if patient is stable or unstable.

UNSTABLE

4. For patients that are unstable, cardiovert beginning at 100 J, increasing to 200 J, 300 J, 360 J. (Use clinical equivalent biphasic energy dose.)
5. If time and condition allow prior to cardioversion, sedate per MCA selection.

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<tr>
<th>Sedation:</th>
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<td>(Select Options)</td>
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<tr>
<td>(Titrate to minimum amount necessary)</td>
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- □ 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

STABLE

6. Obtain 12-lead EKG
7. Administer Amiodarone 150 mg IV over 10 minutes OR Lidocaine 1 mg/kg IV push

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<th>Medication Options</th>
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<td>(Choose One)</td>
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- □ Amiodarone
- OR
- □ Lidocaine
8. If at any point a patient becomes unstable proceed to cardioversion.
10. Contact Medical Control

**Post-Medical Control**

11. Administer additional Amiodarone 150 mg IV over 10 minutes as needed to maximum of 450 mg OR Lidocaine 0.5 mg/kg IV push every 5-10 minutes to maximum of 3 mg/kg.
(Presumed Ventricular Tachycardia) A guideline for patients with wide complex tachycardia of cardiac origin with QRS greater than 0.12 seconds & HR greater than 150. SYNCHRONIZED CARDIOVERSION GENERALLY PRECEDES DRUG THERAPY FOR UNSTABLE PATIENTS. Unstable patients may be defined as those having a wide complex tachycardia with: significant chest pain, significant shortness of breath, decreased level of consciousness, hypotension, shock, or pulmonary edema.

Follow General Pre-hospital Care Protocol
Identify and treat reversible causes

STABLE
Unstable with serious signs or symptoms
Related symptoms uncommon if HR less than 150

STABLE

• Obtain 12-lead EKG
• Administer additional Amiodarone 150 mg IV over 10 minutes as needed to maximum of 450 mg
  • OR
• Lidocaine 0.5 mg/kg IV push every 5-10 minutes to maximum of 3 mg/kg

UNSTABLE

Suspected torsades
Administer Magnesium Sulfate
2 gm IV/IO

Contact Medical Control

Medication Options
(Choose One)

□ Amiodarone

OR

□ Lidocaine

Sedation : (Select Options)
(Titrated 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

If time & condition allow consider sedation options (below)

DO NOT delay cardioversion
Synchronized Cardioversion
100 joules
If no conversion, repeat at 200, 300, 360 joules until conversion

Contact Medical Control