

# TACHYCARDIA PULSE GREATER THAN 150

## PARAMEDIC

If **unstable** perform immediate synchronized cardioversion at recommended max joule setting for your monitor and consider sedation:

Sedation:

- **Midazolam (Versed)** Up to 5 mg IV, IO, IN, or IM may repeat to a total dose of 10 mg.

OR

- **Ketamine (Ketalar)** 300 mg IM, or if IV established, 1 mg/kg IV / IO may repeat once (call medical control for further orders)

If **stable** establish IV access and obtain 12-lead EKG.

### WIDE QRS greater than= 0.12 sec

#### Regular Monomorphic Rhythm

1. Consider **Adenosine** 6 mg rapid IV followed by saline flush.
  - If needed, may follow up with 12 mg dose.
2. **Cordarone (Amiodarone)** 150 mg IV/IO over 10 minutes
3. If needed, repeat **Cordarone (Amiodarone)** 150 mg IV/IO
4. Contact Medical Control

#### Irregular Polymorphic VT (torsades)

1. Prepare to defibrillate

#### Irregular Rhythm (Atrial Fibrillation, etc)

1. Observe
2. Contact Medical Control

#### Torsades de Pointes

1. **Magnesium** 2 grams IV / IO over 5-10 minutes
2. Contact Medical Control

### NARROW QRS less than 0.12 sec

#### Regular Rhythm (SVT)

1. Attempt vagal maneuvers
2. **Adenosine** 6 mg rapid IV
  - Must be rapidly given and flushed with 20 ml of saline.
  - If needed, may follow up with 12 mg dose.
3. Contact Medical Control.

#### Irregular Rhythm (Atrial Fibrillation or Atrial Flutter)

1. Observe
2. Contact Medical Control.

#### *Search for and treat possible contributing factors:*

- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypo-/hyperkalemia
- Hypothermia
- Toxins
- Tamponade, cardiac
- Tension pneumothorax
- Thrombosis (coronary or pulmonary)
- Trauma