WIDE COMPLEX TACHYCARDIA
ALWAYS USE STANDARD PRECAUTIONS

INDICATION
- Regular, wide ventricular complexes greater than 150 beats/minute, with pulses present

TREATMENT
- ALS RMC
- **Stable** (Normal mental status and/or signs of normal or mildly decreased perfusion):
  - 12-lead ECG
  - Infuse **Amiodarone** 150 mg IV/IO (add 150 mg to 100 ml of **NS** and infuse total over 10 minutes). May repeat q 10 minutes as needed.
- **Unstable** (Signs of poor perfusion: decreased LOC, SBP< 100, CHF, chest pain, SOB):
  - Synchronized cardioversion @ 100J, 200J, 300J, 360J
  - If patient is conscious, consider sedation with **Midazolam** 1 mg SLOW IV/IO push loading dose; May repeat with 1-2 mg in 3 minutes to achieve desired degree of sedation (use with caution if patient is hypotensive).
  - If any delay in synchronized cardioversion and the patient is critical, defibrillate the patient.
  - If no response to cardioversion infuse **Amiodarone** 150 mg IV/IO (add 150 mg to 100 ml of **NS** and infuse total over 10 minutes). May repeat q 10 minutes as needed.
  - If rhythm converts refer to appropriate protocol for further treatment.

SPECIAL CONSIDERATION
Consider and treat possible contributing factors:

| Hypovolemia | Toxins (overdoses) |
| Hypoxemia | Tamponade, cardiac |
| Hydrogen ion (acidosis) | Tension pneumothorax |
| Hypo/Hyperkalemia | Thrombosis (coronary / pulmonary) |
| Hypoglycemia | Trauma |
| Hypothermia | |

RELATED POLICIES/ PROCEDURES
- Ventricular fibrillation/ Pulseless Ventricular Tachycardia C1
- Adult Sedation ATG 3