

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:

<ul style="list-style-type: none"> ▪ Hypovolemia ▪ Hypoxemia ▪ Hydrogen ion (acidosis) ▪ Hypo/Hyperkalemia ▪ Hypoglycemia ▪ Hypothermia 	<ul style="list-style-type: none"> ▪ Toxins (overdoses) ▪ Tamponade, cardiac ▪ Tension pneumothorax ▪ Thrombosis (coronary / pulmonary) ▪ Trauma
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RELATED POLICIES/ PROCEDURES

- Ventricular fibrillation/ Pulseless Ventricular Tachycardia C1
- Adult Sedation ATG 3