

	Department Name Address	ALS	Paramedic
		Revision #	
		Implementation Date	
Protocol	2.1.16 V-Tachycardia with a Pulse	Last Reviewed/Update Date	
Author / Owner		Medical Director	

Goals: Rapidly assess and determine stability of the patient. If the patient is unstable with wide complex tachycardia with a pulse, resuscitation and stabilization should be initiated prior to transport. Once stabilized, begin transport and continue necessary treatment. Early notification of the emergency department and medical control is necessary.

1. Baseline care standards.
2. Determine stability. If a patient has an altered level of consciousness, HR >150 bpm, or a blood pressure less than 80 mm/mg, chest pain, dyspnea, or CHF they are unstable.
3. Place patient in a position of comfort.
4. Oxygen 2-6 L per minute by nasal cannula or 15 L per minute by non-rebreather mask.
5. Establish IV of Normal Saline TKO.

#### **If patient is stable**

1. Administer one of the following anti- arrhythmic:
  - Lidocaine 1 – 1.5 mg/kg IV. Follow with infusion of 2mg/min, **OR**
  - Amiodarone 300 mg IV/IO, **OR**
  - Procainamide 30 mg/min IV, to a maximum dose of 17mg/kg. If patient converts start a Procainamide gtt @ 1 – 4 mg/min.

#### **If patient is unstable**

1. If patient is conscious, consider sedation with one of the following:
  - Diazepam 5mg IV, may repeat once PRN (up to max. of 10mg), **OR**
  - Midazolam 2mg IV, may repeat once PRN (up to max. of 4mg), **OR**
  - Lorazepam 2mg IV, may repeat once PRN (up to max. of 4mg).

6. Cardiovert at 100 joules; if no response then cardiovert at 200 joules; if no response then cardiovert at 300 joules; if no response cardiovert at 360 joules; if no response:
7. Transport as soon as possible and contact medical control.

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*Medical Director's Signature*

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*Date*

Disclaimer:

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