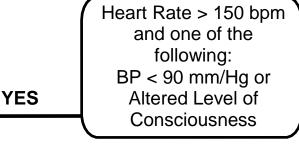


## **ACT Treatment Protocol**

**5208** 

WIDE

## ADULT TACHYCARDIA



NARROW

If immediately identifiable Atrial Fibrillation or Atrial consult MCP.



**Immediate Synchronized** 

100 J or equivalent biphasic. If no conversion then repeat with 200 J, 300 J, 360 J

Cardioversion

Check for conversion after each shock

If no conversion then prepare for expedited transport

Perform Initial Treatment Protocol

## **Contact Medical Command Physician**

Consider other treatment:

Version 1.1

04/25/2016



- Consider Adenosine only if ECG QRS is regular and monomorphic.
- Consider antiarrhythmic infusion per Medical Command **Physician**

Supraventricular

**Tachycardia** 

NO

Is QRS Narrow (< 0.12 sec)

or Wide (≥ 0.12 sec)

Valsalva/Vagal maneuvers

Adenosine 6 mg IV push

- If no conversion in 1 2 min then Adenosine 12 mg IVP
- If conversion then support and transport

Wide Complex Tachycardia

If 12 lead ECG shows waveform Monomorphic and Regular then consider:

Adenosine 6 mg rapid IV push; follow with NS flush. Second dose 12 mg if required.

Consider antiarrhythmic: Amiodarone -150 mg IV over 10 minutes. Repeat 150 mg if Ventricular Tachycardia recurs -OR-

Lidocaine - 0.5 to 0.75 mg/kg every 5 - 10 minutes with maximum total dose of 3 mg/kg

If patient loses pulse then go to **Adult Cardiac Arrest Protocol 5205 Consult Medical Command** 



If rhythm changes to wide QRS, then follow Wide **Complex Tachycardia** algorithm