

## **Paramedic Treatment Protocol**

4208

WIDE

# ADULT TACHYCARDIA

Heart Rate Typically >

150 bpm and one of

NARROW

the following: BP < 90 mm/Hg or YES Altered Level of Consciousness

If Symptomatic Atrial Fibrillation or Atrial Flutter consider Diltiazem (Cardizem®) 0.25 mg/kg slow IVP repeated in 15 minutes at 0.35 mg/kg slow IVP Per MCP Order.

### **Immediate Synchronized** Cardioversion

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

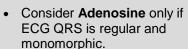
Check for conversion after each shock

If no conversion then prepare for expedited transport

Perform Initial Treatment Protocol

#### **Contact Medical Command Physician**

Consider other treatment:



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

If no conversion consider Diltiazem (Cardizem®) 0.25 mg/kg slow IVP repeated in 15 minutes at 0.35 mg/kg slow IVP Per MCP Order.

### 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 4205 Consult Medical Command** 



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

**Consider Amiodarone or Lidocaine Drip Per Medical Command.** Use the same drug that was initially given.

