

SECTION: C-5

PROTOCOL TITLE: Adult Wide Complex Tachycardia

REVISED: 15 April 2006

GENERAL COMMENTS: This protocol includes Ventricular Tachycardia with a pulse, Torsades with a pulse, and Wide Complex Tachycardias of unclear origin. When possible, a 12 lead may be helpful in determining origin of the rhythm.

BLS SPECIFIC CARE: *See Adult General Cardiac Care/ACS Protocol C-4*

ILS SPECIFIC CARE: *See Adult General Cardiac Care/ACS Protocol C-4*

ALS SPECIFIC CARE: *See Adult General Cardiac Care/ACS Protocol C-4*

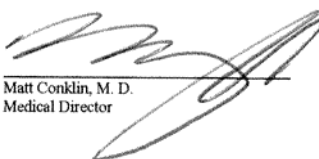
Cardioversion for Unstable patients

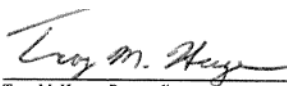
- Settings for manual synchronized cardioversion by the Medtronic LP12:
 - 100j ⇒ 200j ⇒ 300j ⇒ 360j
 - Insure “**SYNC**” button is pressed between each desired synchronized shock.
- If synchronization is not obtained, proceed with unsynchronized cardioversion at the same settings
- Sedation/Analgesia prior to cardioversion is highly desirable, but not mandatory. In event IV access cannot be obtained for prompt sedation, then cardioversion may be performed.
 - See the Adult Pain Control and Sedation protocol M-12 for medications and doses.
 - Midazolam (Versed) is physician preferred for sedation with cardioversion.

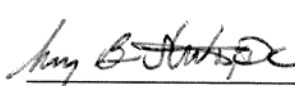
Antiarrhythmics:

- Lidocaine (Xylocaine)
 - IV: 1-1.5 mg/kg, repeated at 0.5-0.75 mg/kg every 5 minutes for continued ectopy. Max bolus of 3 mg/kg or 300mg in 30 min.
 - Maintenance Infusion 2-4 mg/minute titrated for effect. Must rebolus with Lidocaine in 5-10 minutes after initiation of the drip to reach therapeutic levels (unless max bolus dose has been reached).
- Adenosine (Adenocard) Use Lidocaine or Procainamide instead if KNOWN VT.
 - IV: 6 mg RAPID IVP,
 - Repeat at 12 mg in 3-5 minutes two times PRN (total 30 mg)
 - Follow each dose with a flush of at least 20-60 cc.

ADULT WIDE COMPLEX TACHYCARDIA


Matt Conklin, M. D.
Medical Director

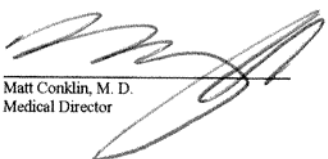

Troy M. Hagen, Paramedic
Director

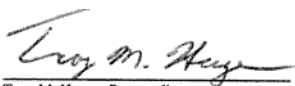

Murray B. Sturkie, D. O.
Medical Director

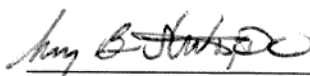
- Procainamide (Pronestyl)
 - Initial infusion IV: Mix 1 g in 50 cc (20mg/cc) buretrol. Run 20-50 mg/min (60-150 gtts/min) until::
 - Max of 17 mg/kg
 - QRS widens by 50%
 - Rhythm resolves
 - Hypotension develops
 - Maintenance infusion: Mix 1 g /250 cc of NS. Run at 1-4 mg/minute (15-60 gtts/min).
 - Hold Procainamide for:
 - Torsades de Pointes
 - Uncorrected hypotension
 - Recent (24 hours) administration of IV Amiodarone or chronic oral Amiodarone administration.
 - Tricyclic Antidepressant Overdose
 - Myasthenia gravis (relative)
- Magnesium Sulfate: First line anti-arrhythmic in setting of Torsades (in conjunction with other treatments.)
 - IV: 2 g given SLOWLY. Take 2 g (4cc), dilute to 20 cc to make 10% solution. Do not give faster than 1 g/minute.

PHYSICIAN PEARLS:

- **Procainamide is contraindicated if the patient is on Amiodarone or TCA toxicity is suspected.** As are other drugs that widen the QRS.


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 Director


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