

DYSRHYTHMIAS: WIDE-COMPLEX TACHYCARDIA WITH A PULSE

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DATE: January 2012

Information Needed:

See Dysrhythmias Overview Protocol

Objective Findings:

Stable

- No signs of poor perfusion
- Normal mental status

Treatment:

- Routine Medical Care
- See Dysrhythmias: Overview Protocol
- IV access
- 12 lead EKG
- Only if the patient has a history of SVT and the rhythm is regular, consider adenosine 6 mg rapid IV flushed by 10-20 cc NS, may repeat with 12 mg rapid IV bolus in 2-3 minutes.

Unstable

- Ischemic Chest Discomfort
- Altered Mental Status (AMS)
- Signs of poor perfusion (systolic blood pressure <90 mm Hg, poor skin signs)

Treatment:

- Routine Medical Care
- See Dysrhythmias: Overview Protocol
- IV access
- 12 lead EKG
- Synchronized biphasic cardioversion at 100J, may repeat if cardioversion unsuccessful at 200J, 300J, 360J using escalating doses.
 - Consider midazolam (Versed®) 1-2 mg IV/IO
- In the setting of renal failure, dialysis, DKA, or potassium ingestion (possible hyperkalemia), give **calcium chloride** 1 gm IV/IO over one minute **then flush** and then administer **sodium bicarbonate** 1 mEq/kg IV/IO

Precautions and Comments:

- A widened QRS complex is defined as greater than or equal to 0.12 seconds

- A wide complex tachycardia is most often ventricular in origin but may be supraventricular tachycardia with aberrant conduction; if unsure as to what the rhythm is, treat the patient as if he were in ventricular tachycardia