Wide Complex Tachycardia

History
- Medications (e.g., Aminophylline, Adderall, diet pills, thyroid supplements, decongestants, and Digoxin)
- Diet (e.g., caffeine and chocolate)
- Drugs (e.g., nicotine and illegal drugs)
- Past medical history
- History of palpations/heart racing
- Syncope/near syncope
- Renal failure
- Missed dialysis

Signs and Symptoms
- Heart rate > 150
- Systolic BP < 90
- Dizziness, chest pain, shortness of breath, altered mental status or diaphoresis
- Acute pulmonary edema
- Potential presenting rhythm:
  - Atrial/sinus tachycardia
  - Atrial fibrillation/flutter
  - Multifocal atrial tachycardia
  - Ventricular tachycardia

Differential
- Heart disease (e.g., WPW or valvular)
- Sick sinus syndrome
- Myocardial infarction
- Electrolyte imbalance
- Exertion, pain, or emotional stress
- Fever
- Hypoxia
- Hypovolemia or anemia
- Drug effect/overdose (see History)
- Hypothyroidism
- Pulmonary embolus

Assess symptom severity

Unstable
- Cardiac monitor
- Consider amnesia pre-cardioversion
  - Midazolam
  - Refer to Adult Drug Card
- EtCO₂ monitoring (if available)
- Establish IV/IO
- Synchronized cardioversion
  - 200J
  - May repeat with escalating energy
- 12-Lead ECG

Stable
- Cardiac monitor
- Establish IV/IO
- 12-Lead ECG

If rhythm change, repeat 12-Lead ECG

Consider
- Normal Saline bolus 500ml
- May repeat as needed
- Maximum 2L

Notify receiving facility. Consider Base Hospital for medical direction

Effective March 2019

Treatment Protocol CD03
Wide Complex Tachycardia

Pears

• Most important goal is to differentiate the type of tachycardia and if STABLE or UNSTABLE.
• If at any point the patient becomes unstable, move to the unstable arm of the algorithm.
• For ASYMPTOMATIC patients (or those with only minimal symptoms, such as palpitations) and any tachycardia with a rate of approximately 100 – 120 with a normal blood pressure, consider CLOSE OBSERVATION or fluid bolus.
• Unstable Signs/Symptoms include: Hypotension; acutely altered mental status; signs of shock/poor perfusion; chest pain with evidence of ischemia (e.g., STEMI, T-wave inversions, or depressions); and acute pulmonary edema.
• Search for underlying cause of tachycardia such as fever, sepsis, dyspnea, etc.
• Monitor for respiratory depression and hypotension associated with Midazolam.
• Activate and upload all monitor data.
• Consider trial of Adenosine to rule out SVT with aberrancy.