

## DYSRHYTHMIAS: WIDE-COMPLEX TACHYCARDIA WITH A PULSE

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### 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. May repeat q 5 mins up to a maximum dose of 10 mg
    - 1-5 mg IN. May repeat in 10 mins up to a maximum dose of 10 mg
- 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