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:
    o Routine Medical Care
    o See Dysrhythmias: Overview Protocol
    o IV access
    o 12 lead EKG
    o 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.
      o 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.