

DYSRHYTHMIAS: OVERVIEW

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Information Needed:

- Presenting symptoms: time of onset; gradual or sudden
- Associated symptoms: Discomfort or pain: OPQRST (Onset, Provocation, Quality, Region, Radiation, Severity, Time)
palpitations, dizziness, syncope, dyspnea, nausea, vomiting, fever, cough
- Medical history: dysrhythmias, cardiac disease, stress, drug abuse, diabetes mellitus, renal failure, pacemaker, AICD

Objective Findings:

- Signs of shock
- Signs of hypoxemia
- Pulse Oximetry
- Cardiac rhythm (on monitor and compared with pulse)
- 12 lead EKG

Treatment:

- Routine medical care
- Oxygen as indicated
- Continued reassessment of vital signs and signs of perfusion
- IV access
- Refer to specific Dysrhythmia protocol
- If dysrhythmia resolves and chest pain continues, refer to Chest Discomfort protocol
- Continued cardiac monitoring throughout transport to the ED
- 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:

- The asymptomatic patient with adequate perfusion may not require anti-dysrhythmic treatment
- Record and label with patient's name on cardiac rhythm strip of initial findings and all changes observed and provide a copy of the labeled rhythm strip to the receiving hospital
- Nitroglycerine and other medication patches should be removed prior to cardioversion, defibrillation, or transcutaneous pacing
- Consider a non-cardiac cause as a source of the dysrhythmia, e.g. drugs or medication