

TACHYCARDIA with PULSES (A04)

	F	E	O	P	D
ASSESSMENT	X	X	X	X	
PULSE OXIMETRY: apply and monitor		X	X	X	
CAPNOGRAPHY: apply and monitor				X	
OXYGEN: if pulse oximetry < 94% or signs of respiratory distress or hypoperfusion	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
VASCULAR ACCESS: IV/IO, rate as indicated				X	
12 LEAD ECG				X	
UNSTABLE: hypotension, altered mental status, signs of shock, ischemic chest discomfort, acute heart failure					
PAIN MANAGEMENT: If the patient's clinical condition is critical, do not delay cardioversion and cardiovert without sedation. • MIDAZOLAM: 2 - 5 mg slow IV/IO/IM/IN. Hold for SBP < 100. • FENTANYL: 1-2 mcg/kg IV/IO/IM/IN. Maximum total 3 mcg/kg.				X	
CARDIOVERT: Synchronized at 100 to 200 J. If unsuccessful at less than 200 J, increase by 50 J to maximum 200 J on repeat cardioversion.				X	
MAGNESIUM SULFATE: for Torsade de Pointes 2 gm in 100 mL of NS infused IV/IO over 10 minutes.				X	
STABLE: QRS < 0.12 seconds					
VAGAL MANEUVER: have patient hold their breath and bear down or immerse patients face in ice-cold water.				X	
ADENOSINE: 6 mg, rapid IV push over 1-3 seconds. If rhythm does not convert, repeat adenosine at 12 mg. Maximum total dose of 18 mg. Follow each medication administration with 5-10 mL normal saline flush.				X	
STABLE: QRS ≥ 0.12 seconds					
ADENOSINE: if regular and monomorphic administer 6 mg, rapid IV push over 1-3 seconds. If rhythm does not convert, repeat adenosine at 12 mg. Maximum total dose of 18 mg. Follow each medication administration with 5-10 mL normal saline flush.				X	
ANTIARRHYTHMIC: choose one • AMIODARONE: 150 mg in 100 mL of NS, infused IV/IO over 10 minutes. May repeat as needed up to a max of 450 mg. • LIDOCAINE: 1.5 mg/kg IV/IO. If rhythm does not convert, administer lidocaine 0.75 mg/kg IV push. Repeat every 5 - 10 minutes until effective or until maximum total of 3 mg/kg. ○ LIDOCAINE DRIP: If rhythm converts with lidocaine, start lidocaine IV drip at 2 – 4 mg per minute.				X	
ASSESSMENT: if arrhythmia not resolved with medication intervention, consider cardioversion with pain management as above.				X	

EFFECTIVE: November 1, 2023

Provider Key: F = First Responder/EMR
P = Paramedic

E = EMT O = EMT Local Optional SOP
D = Base Hospital Physician Order Required