

TACHYDYSRHYTHMIAS

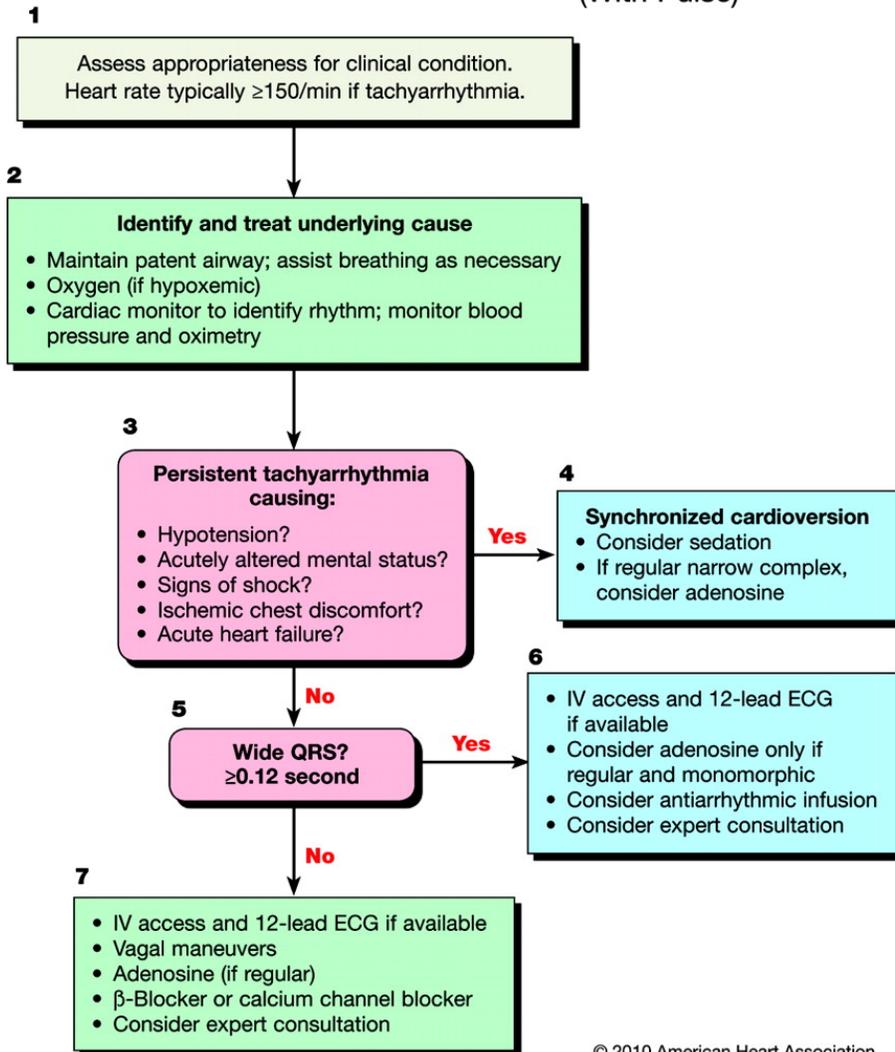
EMR	<ul style="list-style-type: none"> ❑ Routine Medical Assessment and Intervention ❑ Oxygen per guideline if SpO₂ is less than 94% ❑ Position of comfort for patient. ❑ If patient becomes unresponsive proceed with appropriate arrest guideline. 	EMR
EMT	<ul style="list-style-type: none"> ❑ If equipment is available & trained, may acquire 12 lead ECG <ul style="list-style-type: none"> ○ Report any computer interpretation indicating potential for Acute ST elevation MI or STEMI to responding ambulance. ○ May consider use of air medical resources if appropriate (see HEMS guideline) 	EMT
AEMT	<ul style="list-style-type: none"> ❑ Establish vascular access 	AEMT
EMT-I	<ul style="list-style-type: none"> ❑ Interpret limb lead ECG ❑ Pain management per pain management guideline <p>STABLE NARROW COMPLEX TACHYCARDIA:</p> <ul style="list-style-type: none"> ❑ Vagal maneuvers <p>STABLE WIDE COMPLEX TACHYCARDIA:</p> <ul style="list-style-type: none"> ❑ Amiodarone 150 mg IV drip @ 15 mg/min - Follow with 1mg/min maintenance drip. ❑ Lidocaine 1.0 mg/kg SLOW IV – Follow with 1-4 mg/min maintenance drip. 	EMT-I
PARAMEDIC	<ul style="list-style-type: none"> ❑ Acquisition and Interpretation of 12-lead EC <p>STABLE NARROW COMPLEX TACHYCARDIA:</p> <ul style="list-style-type: none"> ❑ Narrow complex with regular QRS – consider Adenosine 12mg rapid IV push. May repeat x 1 ❑ Narrow complex with irregular QRS (A-Fib or A-Flutter) – consider Cardizem 15 to 20mg slow IV. May repeat x 1 with 10 to 15mg ❑ Narrow complex where Wolf Parkinson White (WPW) known or suspected - consider Amiodarone 150mg IV drip @ 15mg/min, follow with 1mg/min drip. <p>UNSTABLE TACHYCARDIAS:</p> <ul style="list-style-type: none"> ❑ Synchronized Cardioversion – see cardioversion procedure guideline 	PARAMEDIC

Clinical Care Pearls

- ❑ **MEDICATION WARNING:** If patient is taking Carbamazepine (Tegretol) or Dipyridamole (Persantine), or if asthmatic with active bronchospasm, administer ½ the normal Adenosine dose
- ❑ Adenosine has a half life (in the body) of 6-10 seconds; administer quickly and follow immediately with 20cc flush.
- ❑ Other potential causes for tachydysrhythmias include: Hypovolemia; Hypoxia; Cardiac Tamponade; Tension Pneumothorax; Hypothermia; Pulmonary Embolism; Drug Overdose; Hyper/Hypo-kalemia; Acidosis.

TACHYDYSRHYTHMIAS CONT.

Adult Tachycardia (With Pulse)



Doses/Details

Synchronized Cardioversion

- Initial recommended doses:
- Narrow regular: 50-100 J
 - Narrow irregular: 120-200 J biphasic or 200 J monophasic
 - Wide regular: 100 J
 - Wide irregular: defibrillation dose (NOT synchronized)

Adenosine IV Dose:

First dose: 6 mg rapid IV push; follow with NS flush.
Second dose: 12 mg if required.

Antiarrhythmic Infusions for Stable Wide-QRS Tachycardia

Procainamide IV Dose:

20-50 mg/min until arrhythmia suppressed, hypotension ensues, QRS duration increases $>50\%$, or maximum dose 17 mg/kg given. Maintenance infusion: 1-4 mg/min. Avoid if prolonged QT or CHF.

Amiodarone IV Dose:

First dose: 150 mg over 10 minutes. Repeat as needed if VT recurs. Follow by maintenance infusion of 1 mg/min for first 6 hours.

Sotalol IV Dose:

100 mg (1.5 mg/kg) over 5 minutes. Avoid if prolonged QT.