



WIDE QRS COMPLEX TACHYCARDIA WITH A PULSE - ADULT/ADOLESCENT

**ALS STANDING ORDERS:**

1. Monitor cardiac rhythm and document with rhythm strip or 12-lead ECG.  
→ If Automatic Implanted Cardiac Defibrillator (AICD) is in place and discharges  $\geq 2$  firings within 15 minutes, make Base Hospital contact for possible CVRC destination.

2. Pulse oximetry; if room air O<sub>2</sub> Saturation less than 95%:

▶ *High-flow oxygen by mask or nasal cannula at 6 l/min flow as tolerated.*

3. Assess hemodynamic stability of patient:

**Stable Wide Complex Tachycardia** (Systolic BP > 90 mm Hg, appropriate mental status, minimal chest discomfort):

- Monitor vital signs.
- ALS escort to nearest ERC.

**Unstable Wide Complex Tachycardia** (Systolic BP  $\leq$  90 mm Hg, altered LOC, chest pain, or signs of poor perfusion):

▶ *Cardioversion : 100 J Biphasic or manufacturer's recommended cardioversion setting (do not delay for IV access if deteriorating);*

→ If cardioversion is unsuccessful:

▶ *Amiodarone 150 mg slow IV; allow to circulate for 2 minutes.*

→ If unstable Wide Complex tachycardia persists:

▶ *Cardioversion: At full voltage or manufacturer's recommended cardioversion setting.*

→ If Wide Complex tachycardia persists:

▶ *Repeat Amiodarone 150 mg slow IV*

→ After second dose of Amiodarone given and circulated 2 minutes, if Wide Complex Tachycardia persists:

▶ *Cardioversion: At full voltage or manufacturer's recommended cardioversion setting.*

→ ALS escort to nearest ERC or contact Base Hospital as needed.

Approved:



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**TREATMENT GUIDELINES:**

- Patients with stable wide complex tachycardia may present as syncope, weakness, chest pain, shortness of breath, or light-headedness. Patients with these symptoms should have cardiac monitoring with rhythm strip documented.
- Stable wide complex tachycardia (blood pressure present with minimal chest discomfort, alert and oriented, and minimal shortness of breath) is best transported without cardioversion or pharmacologic treatment.
- Amiodarone is associated with hypotension due to peripheral vasodilation and should be administered slowly to avoid profound drops in blood pressure.

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Approved:

A handwritten signature in blue ink, appearing to read "J. Shattom".

TxGuide2016:  
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