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**VENTRICULAR TACHYCARDIA WITH PULSES**

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMT-Is and EMT-Ps in treating patients.
- III. PROTOCOL:

Regular or slightly irregular rhythm. Heart rate 100 to 200 (commonly about 120). A-V disassociation is present: P-waves may be seen unrelated to QRS complex. QRS complex distorted, wide (greater than 0.12 seconds) and bizarre. T-waves usually have opposite axis as QRS complex. Consider Code 2 transport.

**STANDING ORDERS**

**ABCs**

**SECURE AIRWAY** As appropriate. Confirm tube placement, if intubated, with end-tidal CO<sub>2</sub> detector and esophageal detector device. **Continuous waveform capnography should be used in all intubated patients if available.**

**OXYGEN**

**IV ACCESS** TKO

**ASSESS** For serious signs and symptoms: Severe chest pain, shortness of breath, decreased level of consciousness or congestive heart failure.

**Unstable: Systolic BP less than 90mmHg AND any of the above symptoms**

**MIDAZOLAM** 2.0 mg IV push. Do not delay cardioversion for IV access or sedation if the patient is unconscious.

**CARDIOVERT** SYNCHRONIZED at 100 J, 200 J, 300 J, 360 J (or clinically equivalent biphasic energy doses). Reduce power by half for patient taking digitalis. If delays in synchronization occur, and clinical conditions are critical, go to immediate unsynchronized shocks.

**REASSESS** Treat as appropriate for rhythm.

**Borderline: Systolic BP 90 mmHg or greater AND any of the above symptoms**

**LIDOCAINE** 1.5 mg/kg IV push.

**REASSESS**

**LIDOCAINE** If patient does not convert: Lidocaine 0.75 mg/kg IV push. Repeat once in 5 minutes to a maximum dose of 3 mg/kg.

**LIDOCAINE** If patient converts to perfusing rhythm following defibrillation (Do not give if conversion rhythm is idioventricular or AV Block)

Give either multiple-bolus or drip:

- a) Lidocaine 0.5 mg/kg IV (or 1.0 mg/kg ET tube - Flush with 5 ml NS) Repeat every 10 minutes, OR;
- b) b. Lidocaine 2 mg/minute IV drip. Increase to maximum 4 mg/minute if ventricular ectopy persists.