

APPROVED: SIGNATURE ON FILE IN EMS OFFICE
 Executive Director
SIGNATURE ON FILE IN EMS OFFICE
 Medical Director

EFFECTIVE DATE 7/01/2011
 SUPERSEDES:
 REVISED:
 REVIEW DATE: 07/2016
 PAGE: 1 OF 1

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 a patient treatment standard for EMT-Is and Paramedics within their scope of practice.
- III. PROTOCOL: Regular or slightly irregular rhythm. Heart rate 100 to 200 (120 is common rate). 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.

STANDING ORDERS

ASSESS	CAB.
SECURE AIRWAY	Using the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Consider intubation/perilaryngeal airway. Refer to General Procedures Protocol 554.00.
OXYGEN	Oxygen delivery as appropriate
IV ACCESS	TKO
<u>Unstable: Systolic BP less than 90mmHg AND severe chest pain, shortness of breath, decreased level of consciousness, or congestive heart failure</u>	
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.
<u>Borderline: Systolic BP 90 mmHg or greater AND severe chest pain, shortness of breath, decreased level of consciousness, or congestive heart failure</u>	
LIDOCAINE	1.5 mg/kg IV push.
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: <ul style="list-style-type: none"> a) Lidocaine 0.5 mg/kg IV Repeat every 10 minutes, OR; b) Lidocaine 2 mg/minute IV drip. Increase to maximum 4 mg/minute if ventricular ectopy persists.