



# TACHYCARDIA (WITH PULSE)



## Escambia County, Florida - ALS/BLS Medical Protocol

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### Supportive Care

1. Maintain airway, Oxygen if hypoxemic
2. [EKG monitor](#), [O2 sat. monitor](#), obtain [IV access](#)
3. [12 lead EKG](#), transmit to receiving hospital (don't delay treatment)
4. Follow [Medical Supportive Care Protocol](#).

### ALS Level 1

**IF UNSTABLE WITH** signs or symptoms of HYPOTENSION, ALTERED MENTAL STATUS, SIGNS OF SHOCK, ISCHEMIC CHEST PAIN, or ACUTE HEART FAILURE then:

#### Synchronized Cardioversion.

If conscious consider [Lorazepam \(Ativan\)](#) 1.0 mg to 2.0 mg IV, slowly. May cause respiratory depression, use ½ starting dosage in the elderly. **Do not delay therapy.**

Perform **Synchronized Cardioversion** as below:

NARROW REGULAR = 50 to 100 joules (Consider trial of Adenosine)

NARROW IRREGULAR = 120 to 200 joules

WIDE REGULAR = 100 joules (Consider Adenosine only if Regular and Monomorphic)

WIDE IRREGULAR = **Defibrillate**, (do not synchronize)



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Approved by:

  
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**IF STABLE WITHOUT** signs or symptoms of HYPOTENSION, ALTERED MENTAL STATUS, SIGNS OF SHOCK, ISCHEMIC CHEST PAIN, ACUTE HEART FAILURE) and

**IF WIDE QRS** ( $\geq 0.12$  seconds):

Consider [Adenosine](#) only if Regular and Monomorphic. (First dose) 6 mg. rapid IV push followed with NS flush. (Second dose if needed) 12mg rapid IV push followed with NS flush.

Consider [Amiodarone](#) (First Dose) 150mg IV drip over 10 minutes. Repeat as needed if VT recurs. Follow with maintenance infusion of 1 mg/min. for next 6 hours.

**If Narrow QRS** ( $\leq 0.12$  seconds)

Consider [vagal maneuvers](#) (Caution; may cause CVA in elderly)

IF REGULAR consider [Adenosine](#) (First dose) 6 mg. rapid IV push followed with NS flush. (Second dose, if needed) 12mg rapid IV push followed with NS flush.

Consider  $\beta$  blocker or calcium channel blocker if available.

**Heart rate typically  $\geq 150$ /min. if tachyarrhythmia.**



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