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)
IF STABLE _WITHOUT_ signs or symptoms of HYPOTENSION, ALTERED MENTAL STATUS, SIGNS OF SHOCK, ISCHEMIC CHEST PAIN, ACUTE HEART FAILURE) and

**IF WIDE QRS (≥ 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 (≤ 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 β blocker or calcium channel blocker if available.

**Heart rate typically ≥ 150/min. if tachyarrhythmia.**