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) 0.05 mg/kg to 0.1 mg/kg IV, slowly. May cause respiratory depression. **Do not delay therapy.**

Perform **Synchronized Cardioversion as below:**

0.5 to 1.0 joules/kg

If not effective, increase to 2 joules/kg.

**IF STABLE WITHOUT** signs or symptoms of HYPOTENSION, ALTERED MENTAL STATUS, SIGNS OF SHOCK, ISCHEMIC CHEST PAIN, ACUTE HEART FAILURE) and **IF WIDE QRS (≥ 0.09 seconds):**

Consider Adenosine only if Regular and Monomorphic. (First dose) 0.1 mg/kg. rapid IV push followed with NS flush. (Second dose if needed) 0.2 mg/kg rapid IV push followed with NS flush.
Consider **Amiodarone** (First Dose) 5 mg/kg IV drip over 20 to 60 minutes.

**If Narrow QRS (≤ 0.09 seconds)**

IF REGULAR consider **Adenosine** (First dose) 0.1 mg/kg, rapid IV push followed with NS flush. (Second dose if needed) 0.2 mg/kg rapid IV push followed with NS flush.