



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
ADULT/ADOLESCENT

#: BH-C-40
Page: 1 of 1
Org. Date: 12/2006
Effective Date: 4/01/17

WIDE QRS COMPLEX TACHYCARDIA WITH A PULSE

BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
2. Patients with stable wide complex tachycardia may present as syncope, weakness, chest pain, shortness of breath, or light-headedness.
3. For unstable wide complex tachycardia, use cardioversion before drug therapy.
4. If **Automatic Implanted Cardiac Defibrillator (AICD)** is in place and discharges 2 or more firings within 15 minutes, patient should be routed to the nearest open Cardiovascular Receiving Center (CVRC).
5. If **Automatic Implanted Cardiac Defibrillator (AICD)** is in place and discharges 2 or more firings within 15 minutes:
 - ▶ **Amiodarone 150 mg slow IV** (hold if allergic to or presently taking Amiodarone)
6. Do not give adenosine when the rhythm is wide complex QRS and **irregular**, this can result in worsening of cardiac status.
7. Consider sedation for cardioversion if SBP greater than 90 mmHg:
 - ▶ **Midazolam (VersedTM) 5 mg IV** (Assist ventilation and maintain airway if respiratory depression develops).
8. If patient becomes pulseless, treat according to *Cardiopulmonary Arrest – Adult/Adolescent Non-Traumatic algorithm*.
9. Stable wide complex tachycardia (blood pressure present with minimal chest discomfort, alert and oriented, and minimal shortness of breath) is best transported without cardioversion or pharmacologic treatment.

ALS STANDING ORDER

1. Monitor cardiac rhythm and document with rhythm strip or 12-lead ECG.
 - If Automatic Implanted Cardiac Defibrillator (AICD) is in place and discharges 2 or more firings within 15 minutes, make Base Hospital contact for possible CVRC destination.
2. Pulse oximetry; if room air O₂ Saturation less than 95%:
 - ▶ *High-flow oxygen by mask or nasal cannula at 6 l/min flow rate*
3. Assess hemodynamic stability of patient:
 - Stable Wide Complex Tachycardia** (Systolic BP greater than or equal to 90, appropriate mental status, minimal chest discomfort):
 - Monitor vital signs.
 - Unstable Wide Complex Tachycardia** (Systolic BP less than 90, altered LOC, chest pain, or signs of poor perfusion):
 - ▶ Cardioversion: *100 J Biphasic or manufacturer's recommended cardioversion setting (do not delay for IV access if deteriorating);*
 - If cardioversion is unsuccessful:
 - ▶ *Amiodarone 150 mg slow IV; allow circulating for 2 minutes.*
 - If unstable Wide Complex tachycardia persists:
 - ▶ Cardioversion: *At full voltage or manufacturer's recommended cardioversion setting.*
 - If Wide Complex tachycardia persists:
 - ▶ Repeat *Amiodarone 150 mg slow IV*
 - After second dose of Amiodarone given and circulated 2 minutes, if Wide Complex Tachycardia persists:
 - ▶ Cardioversion: *At full voltage or manufacturer's recommended cardioversion setting.*
4. ALS escort to nearest ERC or contact Base Hospital as needed.

Approved:

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