



WIDE-COMPLEX TACHYCARDIA – NOT IN ARREST	
ADULT (HR > 150)	PEDIATRIC – (14 years and under) (Refer to Appendix A)
BLS Procedures	
<ul style="list-style-type: none">Administer oxygen as indicated<ul style="list-style-type: none">Refer to Policy 533-02 Airway Management	<ul style="list-style-type: none">Administer oxygen as indicated<ul style="list-style-type: none">Refer to Policy 533-02 Airway Management
Expanded Scope	
Same as BLS	Same as BLS
ALS Prior to Base Hospital Contact	
<ul style="list-style-type: none">Vascular AccessCardiac monitor<ul style="list-style-type: none">Consider early placement of defibrillation pads <p><u>Stable – Mild to Moderate Chest Pain/SOB</u> Amiodarone</p> <ul style="list-style-type: none">IV/IO – 150mg in 100mL 0.9% Normal Saline<ul style="list-style-type: none">Deliver over 10 mins <p><u>Unstable Monomorphic VT – ALOC, signs of shock, CHF, or severe CP</u> Synchronized Cardioversion</p> <ul style="list-style-type: none">Zoll: 100, 120, 150, 200LifePak: 100, 200, 300, 360 <p>Fentanyl</p> <ul style="list-style-type: none">IV/IO – 1mcg/kg<ul style="list-style-type: none">Should only be given if it does not result in delay of Synchronized Cardioversion <p><u>Unstable Polymorphic VT – Torsades de Pointes</u> Defibrillation</p> <ul style="list-style-type: none">Zoll: 200LifePak: 360	<ul style="list-style-type: none">Vascular AccessCardiac monitor<ul style="list-style-type: none">Consider early placement of defibrillation pads <p><u>Stable – Mild to Moderate Chest Pain/SOB</u></p> <ul style="list-style-type: none">Apply defibrillation pads (if not placed prior)Establish early Base Hospital Contact <p><u>Unstable – ALOC, signs of shock, CHF, or severe CP</u></p> <ul style="list-style-type: none">Place on a backboard and prepare for Synchronized Cardioversion <p>Synchronized Cardioversion</p> <ul style="list-style-type: none">1Joule/kgMay increase to 2J/kg if initial dose ineffective <p>Fentanyl</p> <ul style="list-style-type: none">IV/IO – 1mcg/kg<ul style="list-style-type: none">Should only be given if it does not result in delay in synchronized cardioversionContact Base Hospital, if not completed already
Base Hospital Physician Orders Only	
<p><u>Stable Polymorphic VT – Torsades de Pointes</u> Magnesium Sulfate</p> <ul style="list-style-type: none">IVPB – 2gm in 100mL 0.9% Normal Saline infused over 2 mins<ul style="list-style-type: none">May repeat x1 if Torsades continues or reoccurs <p>Consult with ED Physician for further treatment measures</p>	<p><u>Stable – Mild to Moderate Chest Pain/SOB</u> Amiodarone</p> <ul style="list-style-type: none">IV/IO – 2.5mg/kg in 100mL 0.9% Normal Saline<ul style="list-style-type: none">Deliver over 10 mins<ul style="list-style-type: none">Early Base Hospital Contact <p>Consult with ED Physician for further treatment measures</p>
Additional Information	
Early BH contact is recommended in unusual circumstances (e.g. Torsades de Pointes, Tricyclic OD and renal failure).	Early BH contact is recommended in unusual circumstances (e.g. Torsades de Pointes, Tricyclic OD and renal failure).