


Section: **Adult Medical**
Subject: **CARDIAC DYSRHYTHMIAS – WIDE COMPLEX TACHYCARDIA OF UNKNOWN ETIOLOGY**
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Page 1 of 1

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1. Basic ALS Treatment:
 - a. Perform 12-Lead EKG to confirm the **absence** of a paced rhythm.
2. If the patient is hemodynamically stable:
 - a. Administer **amiodarone**:
 - i. 150 mg IV/IO over 10 minutes.
 - ii. If successful conversion occurs, begin **amiodarone** 1 mg/min IV infusion.
 - b. If patient becomes unstable, proceed to synchronized cardioversion.
3. If the patient is hemodynamically unstable:
 - a. Perform immediate synchronized cardioversion:
 - i. Energy levels: 100 j, 200 j, 300 j, 360 j.
 - ii. Adjuncts to cardioversion if the systolic blood pressure is > 100 mmHg:
 1. Sedation: **midazolam** 1.25 mg IV once
 2. Analgesia: **fentanyl** 50 mcg IV once.
4. Obtain a 12-lead EKG as soon as the patient is stabilized.
5. QA Points:
 - a. Unstable condition must be related to the tachycardia.
 - i. Signs and symptoms may include chest pain, shortness of breath, decreased level of consciousness, low blood pressure, shock, pulmonary congestion, CHF, or acute MI.
 - b. If delays in synchronization occur and clinical conditions are critical, switch to immediate unsynchronized cardioversion.
 - c. Treat polymorphic VT (irregular form and rate) like VF not synchronized: 200 j, 300 j, 360 j.