Tachycardia With a Pulse Algorithm

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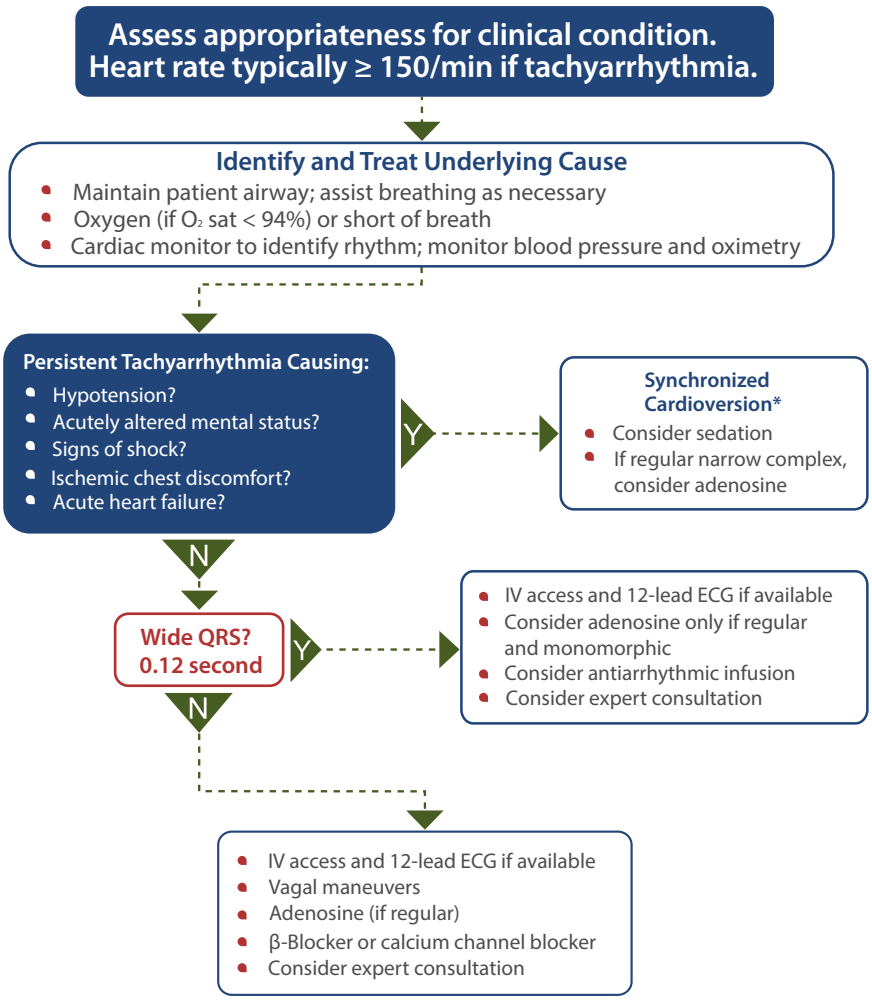

Doses/Details

Synchronized Cardioversion**

Initial recommended doses:

- Narrow regular: 50–100 J
- Narrow irregular: 120–200 J biphasic or 200 J monophasic
- Wide regular: 100 J
- Wide irregular: Defibrillation dose (not synchronized)

Adenosine IV Dose:

First dose: 6 mg rapid IV push; follow with NS flush.
Second dose: 12 mg if required

Antiarrhythmic Infusions for Stable Wide-QRS Tachycardia Procainamide IV Dose:

20–50 mg/min until arrhythmia suppressed, hypotension ensues, QRS duration increases > 50% or maximum dose 17 mg/kg given.
Maintenance infusion: 1–4 mg/min. Avoid if prolonged QT or CHF.

Amiodarone IV Dose:

First dose: 150 mg over 10 minutes.

Repeat as needed if VT recurs. Follow by maintenance infusion of 1 mg/min for first 6 hours.

Sotalol IV Dose:

100 mg (1.5 mg/kg) over 5 minutes.
Avoid if prolonged QT.

** Link MS, Atkins DL, Passman RS, Halperin HR, Samson RA, White RD, Cudnik MT, Berg MD, Kudenchuk PJ, Kerbenchuk PJ, Kerber RE. "Part 6: electrical therapies: automated external defibrillators, defibrillation, cardioversion, and pacing: 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care". Circulation. 2010;122(suppl 3): S706-S719. http://circ.ahajournals.org/content/122/18_suppl_3/S706*
*** Scholten M, Szili-Torok T, Klootwijk P, Jordaens L, Comparison of monophasic and biphasic shocks for transthoracic cardioversion of atrial fibrillation. Heart 2003;89:1032-1034*

Version control: This document follows 2020 American Heart Association® guidelines for CPR and ECC. American Heart Association® guidelines are updated every five years. If you are reading this page after December 2025, please contact support@acls.net for an update. Version 2021.01.c