



- a. After 15 minutes, a second dose of diltiazem 0.35 mg/kg IV may be given if needed
 - b. For patients older than 65 years old, recommend maximum initial dose of diltiazem 10 mg IV and a maximum second dose of 20 mg
 4. Metoprolol 5 mg IV given over 1–2 minutes. May repeat as needed q 5 minutes for a total of 3 doses
 5. Verapamil 2.5–5 mg IV given over 2 minutes. May repeat with verapamil 5–10 mg after 15–30 minutes.
- ii. **Regular Narrow Complex Tachycardia – Unstable**
 1. Deliver a synchronized shock based on manufacturer’s recommendations
 2. For responsive patients, consider sedation and analgesia
- iii. **Irregular Narrow Complex Tachycardia – Stable** (atrial fibrillation (A-FIB), atrial flutter, multifocal atrial tachycardia)
 1. Diltiazem 0.25 mg/kg slowly IV over 2 minutes
 - a. After 15 minutes, a second dose of diltiazem 0.35 mg/kg IV may be given if needed
 - b. For patients older than 65 years old, recommend maximum initial dose of diltiazem 10 mg IV and a maximum second dose of 20 mg
 2. Metoprolol 5 mg IV given over 1–2 minutes. May repeat as needed q 5 minutes for a total of 3 doses
- iv. **Irregular Narrow Complex Tachycardia – Unstable**
 1. Deliver a synchronized shock based on manufacturer’s recommendation
 2. For responsive patients, consider sedation
- v. **Regular Wide Complex Tachycardia – Stable** (ventricular tachycardia, supraventricular tachycardia, atrial fibrillation/flutter with aberrancy, accelerated idioventricular rhythms, pre-excited tachycardias with accessory pathways)
 1. Amiodarone 150 mg IV over 10 minutes
 - a. May repeat once as needed
 2. Procainamide 20–50 mg/min until arrhythmia suppressed, hypotension ensues, QRS duration increases *greater than* 50%, or maximum dose 17 mg/kg given
 - a. Maintenance infusion: 1–4 mg/min
 - b. Avoid if prolonged QT or CHF
 3. Lidocaine 1–1.5 mg/kg IV
 - a. May be repeated at 5-minute intervals for a maximum dose of 3 mg/kg IV
 4. Adenosine 6 mg IV (proximal site) followed by 10 mL fluid bolus
 - a. If monomorphic tachycardia continues, give adenosine 12 mg IV
- vi. **Regular Wide Complex Tachycardia – Unstable**
 1. Deliver a synchronized shock based on manufacturer’s recommendation
 2. For responsive patients, consider sedation
- vii. **Irregular Wide Complex Tachycardia – Stable** (A-FIB with aberrancy, pre-excited A-FIB (i.e., A-FIB using an accessory pathway), multifocal atrial tachycardia (MAT) or polymorphic VT/torsades de pointes)
 1. Procainamide 20–50 mg/min until arrhythmia suppressed, hypotension ensues, QRS duration increases *greater than* 50%, or maximum dose 17 mg/kg given
 - a. Maintenance infusion: 1–4 mg/min
 - b. Avoid if prolonged QT or CHF