



4403

**Symptomatic
Tachycardia with
Pulses****Treatment Protocol**Last Reviewed: **October 4, 2022**Last Revised: **July 1, 2023****BLS Patient Management**

- **Establish, maintain, and ensure:**
 - A. A patent and easily managed airway. Use manual maneuvers (head-tilt / chin-lift or jaw thrust), oropharyngeal suction and/or airway adjuncts (OPA / NPAs) as clinically indicated
 - B. Adequate respirations and tidal volume. Use a mouth-to-mask device or bag valve mask (BVM), when clinically indicated. Rescue ventilations via a BVM require the use of a manometer. Waveform / digital capnography is required when paramedics are present
 - C. Controlled bleeding. Use direct pressure and/or pressure dressing(s) and/or tourniquet(s) and/or hemostatic dressing(s), as clinically indicated
- **Oxygen**
As clinically indicated. Titrate to maintain, or increase, SpO₂ to a minimum of 94%. A range of 88-92% is acceptable for patients with a history of COPD
- Position the patient as clinically indicated for safety, comfort, and to meet physiologic requirements
- Attach ECG leads to the patient when a paramedic is present. May assist with placement of the 12-lead cables

ALS Patient Management

- Establish, maintain, and ensure peripheral IV and/or IO access for emergency stabilization, and/or as clinically indicated, in adult and pediatric patients

Consider the need for additional sites as clinically indicated
- Interpret and continuously monitor ECG and vital signs

Perform, interpret, and transmit 12-lead ECG(s), as clinically indicated, when:
 - A STEMI is suspected
 - A STEMI is ECG-monitor identified or
 - The patient's cardiac rhythm is atypical or difficult to interpret
- **For symptomatic supraventricular tachycardia (SVT)**
Valsalva Maneuver. **MAY REPEAT PRN.**

Adults: Adenosine 12 mg (4 mL) rapid IV/IO push. Follow immediately with 20 mL normal saline rapid IV/IO push. **MAY REPEAT ONCE. ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).**

Pediatrics: Adenosine 0.2 mg / kg rapid IV/IO push. Follow immediately with 20 mL normal saline rapid IV/IO push. **MAY REPEAT ONCE. ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).** For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.
- **For symptomatic tachycardia with pulses**
INITIAL AND REPEAT ADMINISTRATIONS FOR ADULTS AND PEDIATRICS REQUIRE A BASE HOSPITAL ORDER (BHO)

Adults: Amiodarone 150 mg (3 mL) IVPB. Infuse in 50-100 mL normal saline, administer over 10 minutes.

Pediatrics: Amiodarone 5 mg / kg IVPB. **MAX SINGLE DOSE TO INFUSE IS 150 MG.** Infuse in 50-100 mL normal saline, administer over 10 minutes. For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.

INITIAL AND REPEAT ADMINISTRATIONS FOR ADULTS AND PEDIATRICS REQUIRE A BASE HOSPITAL ORDER (BHO).

Adults: Lidocaine 1 mg / kg slow IV/IO push followed by the second dose (0.5 mg / kg) 8-10 minutes later, to a max of 3 mg / kg.

Pediatrics: Lidocaine 1 mg / kg slow IV/IO push followed by the second dose (1 mg / kg) 8-10 minutes later. For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.

- **For shock due to symptomatic tachycardia**
Adults: Normal saline 250 mL IV/IO bolus. **MAY REPEAT AS CLINICALLY INDICATED TO A MAX ADMINISTRATION OF 2 L.**

Pediatrics: Normal saline 20 mL / kg IV/IO bolus. Use a volume control administration set for accurate dosing. **MAY REPEAT AS CLINICALLY INDICATED.** For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.

- **For amnesic effect prior to synchronized cardioversion**
Adults: Midazolam 2.5 mg (0.5 mL) slow IV/IO push. **MAY REPEAT ONCE. ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).**

****OR****

Midazolam 5 mg (1 mL) IM/IN. **MAY REPEAT ONCE. ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).**

INITIAL AND REPEAT PEDIATRIC ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).

Pediatrics: Midazolam 0.1 mg / kg slow IV/IO push. For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.

****OR****

Midazolam 0.2 mg / kg IM/IN. For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.

	<ul style="list-style-type: none">• Synchronized cardioversion for symptomatic SVT or VT with pulses<ul style="list-style-type: none">○ Initial shock – 100j○ Second shock – 150j○ Subsequent shocks – 200j<ul style="list-style-type: none">➤ Adults: MAY REPEAT PRN AT 200j <u>SYNCHRONIZED CARDIOVERSION OF PEDIATRIC PATIENTS REQUIRES A BASE HOSPITAL ORDER (BHO)</u>. For assistance with accurate joule settings, refer to the REMSA PMDR or REMSA app.
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