



4403	<b>Symptomatic Tachycardia with Pulses</b>
<b>Treatment Protocol</b>	



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, SpO<sub>2</sub> 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.

- **Synchronized cardioversion for symptomatic SVT or VT with pulses**
    - Initial shock – 100j
    - Second shock – 150j
    - Subsequent shocks – 200j
- Adults: **MAY REPEAT PRN AT 200j**
- SYNCHRONIZED CARDIOVERSION OF  
PEDIATRIC PATIENTS REQUIRES A BASE  
HOSPITAL ORDER (BHO)**. For assistance with accurate joule settings, refer to the REMSA PMDR or REMSA app.