

| VENTRICULAR TACHYCARDIA WITH PULSES | |
|---|--|
| ADULT | PEDIATRIC ($\leq 34\text{ KG}$) |
| BLS | |
| <ul style="list-style-type: none"> Universal Protocol #601 Pulse Oximetry <ul style="list-style-type: none"> O₂ administration per Airway Management Protocol #602 | Same as Adult |
| ALS | |
| <p>Stable</p> <ul style="list-style-type: none"> Amiodarone 150mg IV/IO drip over 10 min; if rhythm persists after 5 min, administer a refractory dose of 150mg for a total of 300mg. Using a 100cc bag of Normal Saline and macro tubing (10gtts/ml): add Amiodarone and mix well. Run at 1.5gtts/second. <p>Unstable</p> <ul style="list-style-type: none"> Consider Midazolam up to 2mg slow IV or 5 mg IN (split into two doses 2.5 mg each nostril) to pre-medicate Synchronized/Unsynchronized cardioversion sequences (see notes) After first cardioversion: <ul style="list-style-type: none"> Amiodarone 150mg IV/IO drip over 10 min; if rhythm persists after 5 min, administer a refractory dose of 150mg for a total of 300mg. | <p>Stable</p> <ul style="list-style-type: none"> Amiodarone 5mg/kg IV/IO drip over 30 minutes. Using a 100cc bag of Normal Saline and macro drip tubing (10gtts/ml): add Amiodarone and mix well. Run at 1gtt every 2 seconds. <p>Unstable</p> <ul style="list-style-type: none"> Synchronized/Unsynchronized cardioversion sequences (see notes) Midazolam 0.1 mg/kg IV/IN not to exceed 2 mg to pre-medicate prior to cardioversion. After first cardioversion: <ul style="list-style-type: none"> Amiodarone 5mg/kg IV/IO drip over 30 minutes. |
| Base Hospital Orders Only | |
| <ul style="list-style-type: none"> Additional Amiodarone As needed | <ul style="list-style-type: none"> Additional Amiodarone As needed |
| Notes | |
| <ul style="list-style-type: none"> Obtain a 12-lead ECG before and after conversion, if possible. Vascular access may be omitted prior to cardioversion if in extremis. QRS ≥ 0.12 seconds typical for VT in adults QRS ≥ 0.09 seconds typical for VT in pediatrics Malignant PVCs – that may pose heightened risk of precipitating sustained dysrhythmias: short coupling interval <0.3 seconds, multifocal, couplets, and frequent occurrence, call base for possible Amiodarone. Irregular Wide-complex tachycardia (Torsade's de Pointes) requires unsynchronized cardioversion. Synchronized/Unsynchronized Sequences (if synchronized mode is unable to capture use unsynchronized cardioversion) Lidocaine may be substituted for Amiodarone with SLOEMSA authorization (Policy #205 Attachment C) when Amiodarone stock is unavailable. Refer to Lidocaine Formulary for dosages. | |

- While treating Ventricular Tachycardia with Pulses, only one antiarrhythmic may be given to one patient. ALS providers shall not switch between Amiodarone and Lidocaine for the treatment of Ventricular Fibrillation/Pulsating Ventricular Tachycardia.
- Use manufacturer recommended energy setting if different from below.

| Adult | Pediatric |
|-------|-----------|
| 100 J | 1 J/kg |
| 120 J | 2 J/kg |
| 150 J | 2 J/kg |
| 200 J | |

(*start at 120J unsynchronized in adult patients with Torsade's de Pointes)