



**ADULT CARDIAC  
AC-06B**

**WIDE COMPLEX  
TACHYCARDIA – UNSTABLE**

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Last Revision:  
09/06/2019

**History and Physical:**

Historical Findings	Physical Findings
<ul style="list-style-type: none"><li>Medical etiology</li></ul>	<ul style="list-style-type: none"><li>Systolic BP &lt;90 mmHg <b>AND</b> evidence of hypo-perfused state.</li><li><b>EKG Findings:</b> V-tach, Wide Complex (QRS &gt; 0.12 seconds)</li></ul>

**Assessment:**

- Cardiac Assessment
- DDx: LBBB, A-fib with aberrancy, Pacemaker
- Treat primary cause first:** hypoxia, electrolyte imbalance, toxins, Sepsis, hemorrhage

**Clinical Management Options:**

Interventions	Pharmacology
<ul style="list-style-type: none"><li>Vascular Access (IV/IO)<ul style="list-style-type: none"><li>Consider IO on conscious patients that are urgent/critical</li></ul></li><li>Synchronized Cardioversion<ul style="list-style-type: none"><li>100 J</li><li>If unsuccessful: may repeat x 1 at 200 J</li></ul></li></ul>	<ul style="list-style-type: none"><li>Sedation Management</li><li><b>Amiodarone</b> 150mg IV/IO over 10 minutes (following Cardioversion/Conversion) <b>AND THEN</b> <b>Amiodarone</b> maintenance infusion 1mg/minute</li></ul>