San Benito County Emergency Medical Services Agency

TACHYCARDIA >150 WITH PULSES

Policy : C4
Effective : May 1, 2014
Reviewed : March 1, 2014

I. BLS Treatment Protocol:

A. Treat life threats (See Policy 4000)
B. Prepare for transport / transfer of care.

II. ALS Treatment Protocol:

A. Treat life threats (See Policy 4000)
B. Cardiac Monitor: Confirm rate >150
C. Consider12-lead-ECG. Transmit as needed for treatment guidance.
D. **Stable *(Adequate perfusion)***
1. Transport.
2. Contact Base Station.

E. Unstable *(Inadequate perfusion)*
1. If patient is unstable but **conscious with narrow complex**
a) Consider vagal maneuver (no carotid massage)
b) Consider adenosine (Age 50 or older – Base Station contact required):
- 1st dose: Adenosine rapid 6mg IV/IO; if no change after 1-2 minutes
- 2nd dose: Adenosine rapid 12mg IV/IO; if no change after 1-2 minutes
- 3rd dose Adenosine rapid 12mg IV/IO

c) Versed 0.2mg/kg IM (max 10mg) or 0.1 mg/kg IV/IO (max 5 mg)
d) Synchronized cardioversion 100J; if no change 200J; if no change 300J; if no change 360J
e) Transport.
f) Contact Base Station.

2. If patient is unstable but **conscious with wide complex**:

   a) Consider adenosine administration if there is the possibility that this rhythm is an aberrantly conducted SVT. Do not use if rhythm is irregular or polymorphic. Use adenosine dosing as above.
   b) Versed 0.2 mg/kg IM (max 10 mg) or 01. mg/kg IV/IO (max 5mg)
   c) Synchronized cardioversion 100J; if no change 200J; if no change 300J; if no change 360J
   d) Transport
   e) Contact Base Station.
   f) Consider amiodarone drip – 150 mg infused over 10 minutes.

3. If patient is unstable and **unconscious with wide or narrow complex** **:
   a) Synchronized cardioversion 100J; if no change 200J; if no change 300J; if no change 360J
   b) Transport.
   c) Contact Base Station.
   d) Consider amiodarone or adenosine dosing as listed above.

Note: Consider common causes of tachycardia, including hypovolemia, and sepsis. SVT usually occurs in younger patients (i.e., younger than 50 years) with HRs greater than 200 bpm. Confirm a wide complex tachycardia using multiple leads. Consult the Base Station if you are unclear about the cause of the dysrhythmia, and whether or not you should treat it.

Whenever possible, contact Base Station prior to administering synchronized cardio version in unstable but conscious patients. In the unstable, unconscious patient where rapid synchronized cardioversion is the highest priority, do not hesitate administering cardioversion before initiating transport and contacting the Base Station (see E. 3).

**Unconsciousness should be attributed to a lack of perfusion caused by the tachycardia itself, not due to some other etiology unrelated to the tachycardia.