

# ADULT VENTRICULAR TACHYCARDIA WITH A PULSE

## (WIDE COMPLEX TACHYCARDIA)

HPI	Signs & Symptoms	Differential Diagnosis
<ul style="list-style-type: none"> <li>Medications: Digoxin, diet pills, decongestants, thyroid supplements</li> <li>Drugs: caffeine, cocaine, amphetamines</li> <li>PMH of palpitations</li> </ul>	<ul style="list-style-type: none"> <li>HR &gt;150</li> <li>Dizziness</li> <li>Chest pain</li> <li>Shortness of breath</li> <li>AMS</li> <li>Hypotension</li> </ul>	<p style="text-align: center;">QRS &gt;0.12s</p> <ul style="list-style-type: none"> <li>Wolff-Parkinson-White</li> <li>SVT with aberrancy</li> <li>Ventricular paced rhythm</li> <li>Hyper/o-kalemia</li> <li>Hypoglycemia</li> <li>Toxins/<a href="#">Overdose</a></li> <li>MI</li> <li>Hyperthyroidism</li> </ul>

	EMR	EMT	PM
1. Provide <a href="#">Adult Routine Medical Care</a> - treat life threatening problems with airway, breathing circulation and disability.	•	•	•
2. Obtain ECG and 12 lead, transmit to receiving facility, and monitor Capnography.		•	•

**UNSTABLE:** Altered Mental Status, MAP < 65 or SBP < 90

3. Consider sedation for conscious patients <b>MIDAZOLAM:</b> 2 mg IVP/IO, repeat 2 min., max. 10 mg	•
4. <a href="#">Synchronized cardioversion</a> per manufacturer's guidelines.	•
5. If patient does not convert after first synchronized cardioversion: <b>AMIODARONE:</b> 150 mg diluted in 100 mL D5W IVPB, over 10 min., may repeat, max. 300 mg and continue synchronized cardioversion per manufacturer's	•
6. For <a href="#">Pain Management</a> : <b>FENTANYL:</b> 1 mcg/kg IVP/IN/IO/IM, max single dose 100 mcg, repeat every 10 min., max total dose 200 mcg	•

**STABLE:** GCS 15, MAP >65, SBP >90, skin warm/dry

3. <b>AMIODARONE:</b> 150mg diluted in 100mL D5W IVPB, over 10 min., may repeat, max. 300 mg	•
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**NOTE:**

- If VT recurs, synchronized cardioversion at energy level that was previously successful.
- If rhythm appears to be Torsade's de Pointes (polymorphic ventricular tachycardia), contact **OLMC** to consider [MAGNESIUM SULFATE](#) 2 g diluted in 100mL D5W IVPB, over 5 minutes. \*\*Not to be given to renal failure or dialysis patients.
- If rhythm appears to be Torsade's de Pointes (polymorphic ventricular tachycardia), it is not possible to synchronize on the monitor, therefore, defibrillate at maximum joules per manufacturer's guidelines.

**CARDIOVERSION DOSING CHART:**

<b>Zoll</b>	<b>LifePak</b>	<b>Phillips</b>
120J	100J	100J
150J	200J	150J
200J	300J	200J
	360J	