VENTRICULAR TACHYCARDIA WITH A PULSE

BLS ACTION/TREATMENT:

May present as syncope, weakness, chest pain, shortness of breath, light-headedness.

- Stabilize:
  1. ABCs.
  2. Administer oxygen.
- Assessment:
  1. Complete set of vital signs (BP, pulse rate, respiratory rate).
  2. Document presence or absence of the patient being pale, sweaty, diaphoretic or short of breath.
- History:
  1. Document reported time of onset of symptoms.
  2. Document if the patient used any of their own medications immediately prior to or during BLS arrival.

ALS ACTION/TREATMENT:

- Monitor cardiac rhythm and document with rhythm strip.
- IV access.
- Treatment options:
  - **STABLE PATIENT: (Systolic BP > 90 adult or BP > 80 pediatric, palpable pulses, good mental status, minimal chest discomfort)**
    - Closely monitor vital signs.
    - Pulse oximetry.
    - Transport per Base Hospital direction (Note: Base Physician may order amiodarone).
  - **UNSTABLE PATIENT: (Systolic blood pressure ≤ 90 adult or ≤ 80 pediatric, altered LOC, severe chest pain, or signs of markedly poor perfusion)**

    ADULT:

    - Cardioversion: 100 J Biphasic (or manufacturer's recommendations for a specific monitor-defibrillator).
      - Pre-medication (if time and clinical condition permits):
        - Midazolam 4 mg IVP (over 1 minute) age ≤ 60.
          2 mg IVP (over 1 minute) age ≥ 61.
        - Assist ventilation if respiratory depression develops.
    - If first attempt at cardioversion is unsuccessful:
      - Amiodarone: 150 mg IVP/IO.
    - After Amiodarone given and circulated for 2 minutes, if unstable ventricular tachycardia persists:
      - Cardioversion: At full voltage available (or manufacturer's recommended setting).
    - If unstable ventricular tachycardia persists: repeat.
      - Amiodarone: 150 mg IVP/IO.

Boxed text indicates BH order
Unboxed text indicates standing order

- After second dose of amiodarone given and circulated for 2 minutes, if unstable ventricular tachycardia persists:
  - Cardioversion: At full voltage available (or manufacturer's recommended setting).
- Expedite transport if ventricular tachycardia persists after 3rd cardioversion attempt.

PEDIATRIC (UNSTABLE): (Use Length Based Resuscitation Tape to determine child's weight)

- Cardioversion: 1 J/kg Biphasic.
  - Pre-medication (if time and clinical condition permits):
    - Midazolam 1 mg IVP (over 1 minute) for patients 13 months – 12 years-old.
    - Assist ventilation if respiratory depression develops.
- If first attempt at cardioversion is unsuccessful:
  - Amiodarone: 5 mg/kg IVP/IO.
- After Amiodarone given and circulated for 2 minutes, if unstable ventricular tachycardia persists:
  - Cardioversion: 2 J/kg Biphasic.
- If unstable ventricular tachycardia persists: repeat
  - Amiodarone: 5 mg/kg IVP/IO.
- After second dose of amiodarone given and circulated for 2 minutes, if unstable ventricular tachycardia persists:
  - Cardioversion: 2 J/kg Biphasic.
- Expedite transport if ventricular tachycardia persists after 3rd cardioversion attempt.

NOTES:

- For hemodynamically unstable patients, use cardioversion before drug therapy.
- **If "synch" mode does not work, turn off "synch mode" and defibrillate at same energy level.**
- Documentation should indicate the amount of Joules administered.
- If Automatic Implanted Cardiac Defibrillator (AICD) discharges ≥ 2 firings or patient is unstable after AICD shock (loss of consciousness, poor vital signs, or recurrent ventricular arrhythmia), base hospital may consider amiodarone IVP.
- Do not use midazolam in infants (birth – 12 months) because of risk for hypotension and cardiac arrest.

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