



ORANGE COUNTY EMERGENCY MEDICAL SERVICES  
BASE HOSPITAL TREATMENT GUIDELINES

#: BH-P-050  
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Org. Date: 10/01/2019  
Revise Date:

**VENTRICULAR TACHYCARDIA (WITH A PULSE) – PEDIATRIC**

**BASE GUIDELINES**

**Stable Wide Complex Tachycardia**

Systolic BP  $\geq$  80, appropriate mental status, minimal chest discomfort

1. Stable wide complex tachycardia is best transported without cardioversion or pharmacologic treatment.
2. These patients may present as syncope, weakness, chest pain, shortness of breath, or light-headedness.
3. If **Automatic Implanted Cardiac Defibrillator (AICD)** is in place and discharges 2 or more firings within 15 minutes, patients should be routed to the nearest open Comprehensive Children's Emergency Receiving Center (CCERC).
4. If **Automatic Implanted Cardiac Defibrillator (AICD)** is in place and discharges 2 or more firings within 15 minutes:
  - ▶ **Amiodarone 5 mg/kg slow IV push over 10 minutes**
    - Maximum single dose 150 mg one time
    - Consider holding if patient is asymptomatic
5. Do not give Adenosine when the rhythm is wide complex QRS and irregular, this can result in worsening of cardiac status.

**Unstable Wide Complex Tachycardiac**

Systolic BP  $<$  80, altered LOC, chest pain, or signs of poor perfusion

- ▶ **Cardioversion 1 J/kg** (do not delay for IV access if deteriorating)

Consider sedation for cardioversion if SBP greater than 80 mmHg:

- ▶ **Midazolam (Versed™) 0.1 mg/kg IN/IM**
  - Maximum single dose 5 mg (1 mL)

If patient becomes pulseless, treat according to *Cardiopulmonary Arrest – Pediatric SO-P-40/BH-P-40*.

**ALS STANDING ORDER**

**No ALS Standing Orders exist for this condition. Therefore, base hospital/CCERC (pediatric base preferred) contact is required per OCEMS Policy #310.00.**

Approved:

Reviewed:  
Final Date for Implementation: 04/01/2020  
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