



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
ADULT/ADOLESCENT
WIDE QRS COMPLEX TACHYCARDIA WITH A PULSE

#: BH-C-40
Page: 1 of 2
Org. Date: 12/2006
Effective Date: 01/15/26

BASE GUIDELINES	ALS STANDING ORDER
<p>1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.</p> <p>2. Patients with stable wide complex tachycardia may present as syncope, weakness, chest pain, shortness of breath, or light-headedness.</p> <p>3. For unstable wide complex tachycardia, use cardioversion before drug therapy.</p> <p>4. If Automatic Implanted Cardiac Defibrillator (AICD) is in place and discharges 2 or more firings within 15 minutes, patient should be routed to the nearest open Cardiovascular Receiving Center (CVRC).</p> <p>5. If Automatic Implanted Cardiac Defibrillator (AICD) is in place and discharges 2 or more firings within 15 minutes:</p> <ul style="list-style-type: none">➤ Amiodarone 150 mg <u>slow</u> IV/IO (hold if allergic to or presently taking Amiodarone)OR➤ Lidocaine 1 mg/kg IV/IO, max dose 300 mg <p>First line treatment can be either amiodarone or lidocaine. If max dose is reached for first line treatment, consult BHP before giving second medication.</p> <p>6. For Unstable Wide Complex Tachycardia:</p> <ul style="list-style-type: none">➤ Cardioversion: 100 J Biphasic or manufacturer's recommended cardioversion setting (do not delay for IV access if deteriorating); <p>→ If cardioversion is unsuccessful:</p> <ul style="list-style-type: none">➤ Amiodarone 150 mg <u>slow</u> IV/IO or Lidocaine 1 mg/kg IV/IO (total max dose Lidocaine 300mg) <p>→ If unstable Wide Complex tachycardia persists after 2-3 minutes of infusion:</p> <ul style="list-style-type: none">➤ Cardioversion: At full voltage or manufacturer's recommended cardioversion setting. <p>→ If Wide Complex tachycardia persists:</p> <ul style="list-style-type: none">➤ Repeat Amiodarone 150 mg <u>slow</u> IV/IO or Lidocaine 0.5 mg/kg IV/IO (total max dose Lidocaine 300mg)	<p>1. Monitor cardiac rhythm and document with rhythm strip or 12-lead ECG.</p> <p>→ If Automatic Implanted Cardiac Defibrillator (AICD) is in place and discharges 2 or more firings within 15 minutes, make Base Hospital contact for possible CVRC destination.</p> <p>2. Pulse oximetry; if room air O₂ Saturation less than 95%:</p> <ul style="list-style-type: none">➤ High-flow oxygen by mask or nasal cannula at 6 l/min flow rate <p>3. Assess hemodynamic stability of patient:</p> <p>Stable Wide Complex Tachycardia (Systolic BP ≥90, appropriate mental status, minimal chest discomfort):</p> <ul style="list-style-type: none">○ Monitor vital signs.○ ALS escort to nearest ERC. <p>Unstable Wide Complex Tachycardia (Systolic BP ≤90 mmHg, altered LOC, chest pain, or signs of poor perfusion):</p> <ul style="list-style-type: none">➤ Cardioversion: Synchronized 100 J Biphasic or manufacturer's recommended cardioversion setting (do not delay for IV access if deteriorating); <p>→ If cardioversion is unsuccessful:</p> <ul style="list-style-type: none">➤ Amiodarone 150 mg <u>slow</u> IV/IO or Lidocaine 1 mg/kg IV/IO <p>→ If unstable Wide Complex tachycardia persists after 2-3 minutes of infusion:</p> <ul style="list-style-type: none">➤ Cardioversion: At synchronized full voltage or manufacturer's recommended cardioversion setting. <p>→ If Wide Complex tachycardia persists:</p> <ul style="list-style-type: none">➤ Repeat Amiodarone 150 mg <u>slow</u> IV/IO or Lidocaine 0.5 mg/kg IV/IO <p>→ After 2-3 minutes of infusing second dose of Amiodarone/Lidocaine, if Wide Complex Tachycardia persists:</p> <ul style="list-style-type: none">➤ Cardioversion: At synchronized full voltage or manufacturer's recommended cardioversion setting. <p>4. ALS escort to nearest ERC or contact Base Hospital as needed.</p>

Approved: 

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<p>→ After 2-3 minutes of infusing second dose of Amiodarone/Lidocaine, if Wide Complex Tachycardia persists:</p> <p>➤ <i>Cardioversion: At full voltage or manufacturer's recommended cardioversion setting.</i></p> <p>7. Do not give adenosine when the rhythm is wide complex QRS and <u>irregular</u>, this can result in worsening of cardiac status.</p> <p>8. Consider sedation for cardioversion if SBP greater than 90 mmHg:</p> <p>➤ <i>Midazolam (Versed™) 5 mg IV (Assist ventilation and maintain airway if respiratory depression develops).</i></p> <p>9. If patient becomes pulseless, treat according to <i>Cardiopulmonary Arrest - Adult/Adolescent Non-Traumatic algorithm</i>.</p> <p>10. Stable wide complex tachycardia (blood pressure present with minimal chest discomfort, alert and oriented, and minimal shortness of breath) is best transported without cardioversion or pharmacologic treatment.</p>	<p>Treatment Guidelines:</p> <ul style="list-style-type: none">• Patients with stable wide complex tachycardia may present as syncope, weakness, chest pain, shortness of breath, or light-headedness. Patients with these symptoms should have cardiac monitoring with rhythm strip documented.• Stable wide complex tachycardia (blood pressure present with minimal chest discomfort, alert and oriented, and minimal shortness of breath) is best transported without cardioversion or pharmacologic treatment.• Amiodarone is associated with hypotension due to peripheral vasodilation and should be administered slowly to avoid profound drops in blood pressure.

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Carl Schultz, MD

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