



Ventricular Ectopy

Adult Medical

Austin County
EMS Protocol & Guideline

Version: **1.0**

Date: **04/2019**

Medical Director: Benjamin Oei, M.D.

Overview: Ventricular ectopy is usually asymptomatic and non-lethal to the patient. Assessing the patient for being symptomatic, assessing for perfusing/non-perfusing beats, and ensuring rare instances such as R-on-T phenomenon does not exist, will help the medic decide a treatment modality.

Definition: A patient presenting with ECG finding of regular or irregular occurrences of complexes described as wide and bizarre. Morphology of these complexes may or may not be uniform.

EMT

- Place patient on the **Cardiac Monitor**
- Obtain **12 Lead EKG**
- **CPR & AED** as appropriate to patient presentation
- **Oxygen** administration as appropriate to the patient presentation
- **Airway Adjuncts** (Supraglottic Airway, OPA, NPA), EtCO₂ monitoring appropriate to patient presentation
- Obtain **BGL**
- **Identify** Source/Cause

AEMT

- Establish IV of Normal Saline

Paramedic

- **Amiodarone** 150 mg slow IV/IO. In 10 minutes, 150 mg in 100ml of NS administer over 10 mins
- **Conversion with Amiodarone**
 - **Amiodarone Infusion** - 150 mg of Amiodarone in 100 ml of NS given over 10 minutes
 - or
- **Lidocaine** 1-1.5 mg/kg IV/IO, repeat initial dose in 10 minutes, if needed repeat at 0.5-0.75 mg/kg PRN
- **Conversion with Lidocaine**
 - **Lidocaine Infusion** - 2-4 mg/min infusion in a 100 ml bag of NS



PEARLS

- Supplemental Oxygen often is the front line treatment that resolves PVC's.
- Treat PVC's only if patient is **symptomatic**: i.e., R-on-T phenomena, multifocal PVC's, couplets, or runs of ventricular tachycardia, combined with chest pain, shortness of breath, altered mental status, and/or hypotension. R-on-T is illustrated below. Anticipate V-Fib/V-Tach and prepare for Defibrillation if needed while treating using above treatment modality.