



Wide Complex Tachycardia

Adult Medical

Austin County
EMS Protocol & Guideline

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Overview: Ventricular Tachycardia usually is a consequence of structural heart disease, with breakdown of normal conduction patterns, increased automaticity and activation of re-entrant pathways in the ventricular conduction system. Electrolyte disturbances and sympathomimetics may increase the likelihood of VT in the susceptible heart. AV dissociation is usually present. Retrograde ventriculoatrial conduction may occur, which can generate an ECG complex similar to PSVT with aberrant conduction

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 mgs over 10 minutes.
- **Conversion with Amiodarone**
 - **Amiodarone Infusion** - 150 mgs of Amiodarone in 100 ml of NS given over 10 minutes

Synchronized Cardioversion

- **Versed** - 2 mgs IVP or IN for patients with a systolic greater than 90mmHg
- **Synchronized Cardioversion** beginning at 100j, Repeat at 200j, 300j, and 360j as needed
- **Amiodarone** 150 mgs over 10 minutes.
- **Conversion with Amiodarone**
 - **Amiodarone Infusion** - 150 mgs of Amiodarone in 100 ml of NS given over 10 minutes

Cardioversion at 200j or greater require sedation medication prior to cardioversion

PEARLS

- Polymorphic VT (Torsades de Pointes) is a form of VT in which the QRS appears to be constantly changing.
- Obtain a baseline 12Lead prior to administration of antiarrhythmic if patient condition allows
- Serious signs and symptoms include: Chest pain, Shortness of breath, decreased LOC, Hypotension, shock, pulmonary edema and acute MI