2.08 DYSRHYTHMIA: TACHYCARDIA

BLS Treatment

- Position of comfort.
- NPO
- **Oxygen** as indicated.

ALS Treatment

Current American Heart Association Guidelines concerning Emergency Cardiac Care assessments and interventions shall always take precedence over local protocols when there is a conflict concerning techniques of resuscitation.

- IV/IO with **Normal Saline** TKO, preferably at antecubital fossa.
- 12-lead EKG (If symptomatic, do not delay therapy in order to obtain 12 lead).
- Treat if >150 BPM and patient is symptomatic.

STABLE REGULAR AND NARROW (QRS < 0.12 seconds):

- Vagal maneuvers (Valsalva, cough or breath holding).
- **Adenosine**

STABLE AND WIDE (QRS > 0.12 seconds):

- **Amiodarone**
- For Torsades de Pointes, administer **Magnesium Sulfate.**

UNSTABLE:

- Synchronized cardioversion
- If sedation is needed for awake patient during anticipated cardioversion may administer **Midazolam**
- If UNSTABLE, NARROW and REGULAR: **Adenosine** may be substituted for cardioversion.
- If UNSTABLE AND WIDE and synchronized cardioversion fails: administer **Amiodarone**.

Base Hospital Contact Criteria

Contact Base Hospital physician if considering medications in addition to Midazolam for sedation.

Comments

ATRIAL FIBRILLATION

- Only administer synchronized cardioversion for atrial fibrillation if patient is unstable.

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DRAFT