

2.08 DYSRHYTHMIA: TACHYCARDIA - Public Comment August 2023

BLS Treatment
<ul style="list-style-type: none">• Position of comfort.• NPO• Oxygen as indicated.
ALS Treatment
<p>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.</p> <ul style="list-style-type: none">• 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. <p><u>STABLE AND NARROW (QRS < 0.12 seconds):</u></p> <ul style="list-style-type: none">• Vagal maneuvers (Valsalva, cough or breath holding).• Adenosine <p><u>STABLE AND WIDE (QRS > 0.12 seconds):</u></p> <ul style="list-style-type: none">• Amiodarone• For Torsades de Pointes, administer Magnesium Sulfate. <p><u>UNSTABLE:</u></p> <ul style="list-style-type: none">• Synchronized cardioversion• If sedation is needed for awake patient during anticipated cardioversion AND if SBP >90, may administer Midazolam and/or:• Morphine Sulfate• 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 before administering Midazolam and Morphine together.
Comments
<p>ATRIAL FIBRILLATION</p> <ul style="list-style-type: none">• Only administer synchronized cardioversion for atrial fibrillation if patient is unstable.

SAN FRANCISCO EMS AGENCY

Effective: ~~xxxxxxxx03/01/15~~

Supersedes: ~~03/01/201501/07/13~~

Page 1 of 1

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