

# WIDE COMPLEX TACHYCARDIA

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

## INDICATION

- Regular, wide ventricular complexes greater than 150 beats/minute, with pulses present

## TREATMENT

- ALS RMC
- **Stable**(Normal mental status and/ or signs of normal or mildly decreased perfusion):
  - 12-lead ECG
  - Infuse **Amiodarone** 150 mg IV/IO (add 150 mg to 100 ml of **NS** and infuse total over 10 minutes). May repeat q 10 minutes as needed.
- **Unstable** (Signs of poor perfusion: decreased LOC, SBP< 100, CHF, chest pain, SOB):
  - Synchronized cardioversion @ 100J, 200J, 300J, 360J (or biphasic equivalent)
  - If patient is conscious, consider sedation with **Midazolam** 1 mg SLOW IV/IO push loading dose; May repeat with 1-2 mg in 3 minutes to achieve desired degree of sedation (use with caution if patient is hypotensive).
  - If any delay in synchronized cardioversion and the patient is critical, defibrillate the patient.
  - If no response to cardioversion infuse **Amiodarone** 150 mg IV/IO (add 150 mg to 100 ml of **NS** and infuse total over 10 minutes). May repeat q 10 minutes as needed.
  - If rhythm converts refer to appropriate protocol for further treatment.

## SPECIAL CONSIDERATION

Consider and treat possible contributing factors:

<ul style="list-style-type: none"> <li>▪ Hypovolemia</li> <li>▪ Hypoxemia</li> <li>▪ Hydrogen ion (acidosis)</li> <li>▪ Hypo/Hyperkalemia</li> <li>▪ Hypoglycemia</li> <li>▪ Hypothermia</li> </ul>	<ul style="list-style-type: none"> <li>▪ Toxins (overdoses)</li> <li>▪ Tamponade, cardiac</li> <li>▪ Tension pneumothorax</li> <li>▪ Thrombosis (coronary / pulmonary)</li> <li>▪ Trauma</li> </ul>
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## RELATED POLICIES/ PROCEDURES

- Ventricular fibrillation/ Pulseless Ventricular Tachycardia C1
- Adult Sedation ATG 3