


EL DORADO COUNTY EMS AGENCY PREHOSPITAL PROTOCOLS

Supersedes: Protocol dated July 1, 2011

Effective: **January 1, 2012**

Reviewed: November 2011

Scope: ALS – Adult/Pediatric



EMS Agency Medical Director

WIDE-COMPLEX TACHYCARDIA

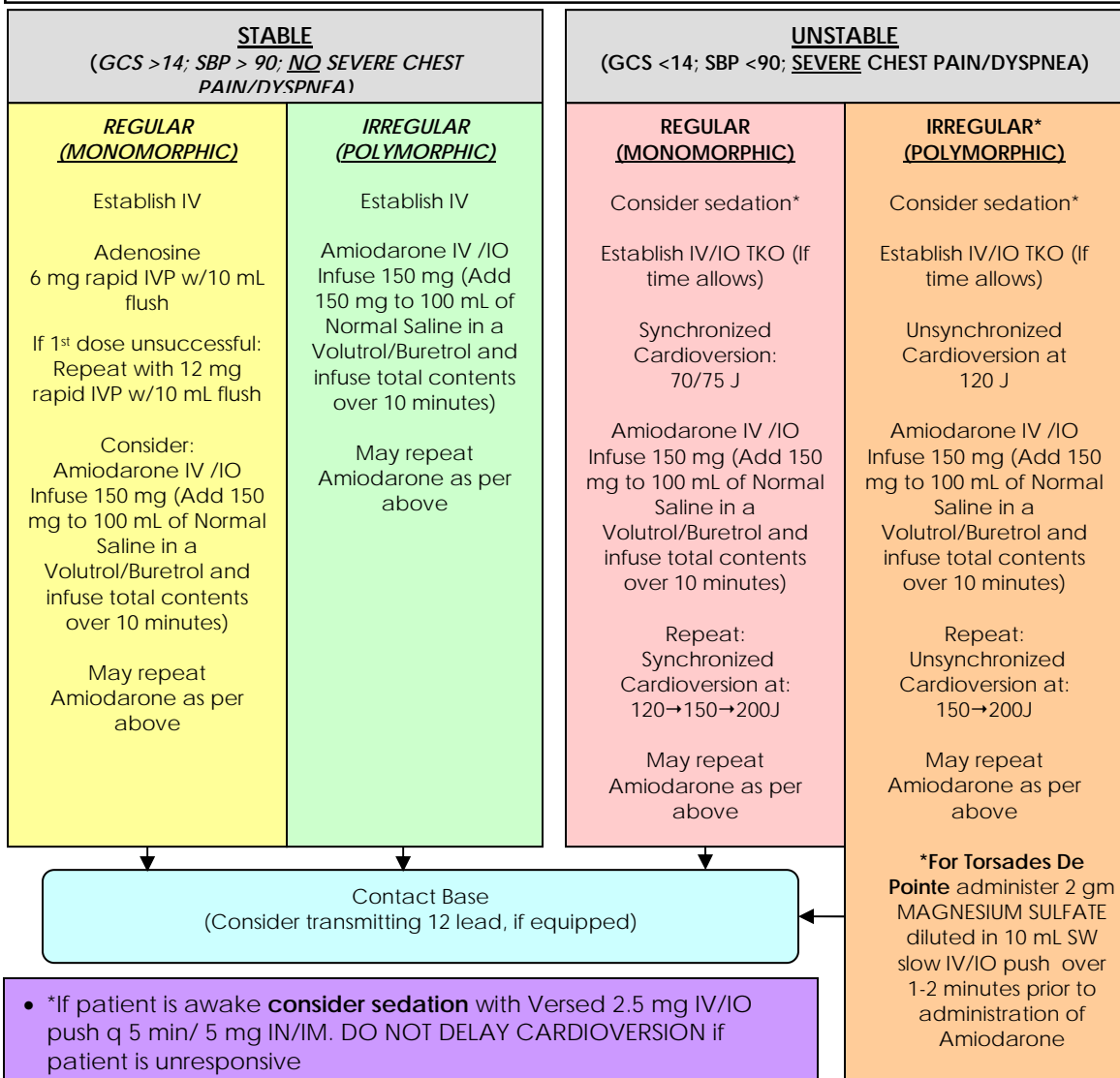
ADULT ALGORITHM

ABCs / ROUTINE MEDICAL CARE - Be prepared to support ventilation with appropriate airway adjuncts and circulation with external chest compressions.

Administer oxygen at the appropriate flow rate, preferably high flow via non re-breather mask.

Place patient in position of comfort and obtain a 12 lead EKG as soon as reasonably possible.

PROTOCOL PROCEDURE: Flow of protocol presumes that wide-complex tachycardia is continuing. If response or condition changes, see appropriate protocol. If the patient remains stable and rhythm does not convert, transport to appropriate hospital. If at any time the patient becomes unstable, go to the unstable section of this protocol. If delays in synchronized cardioversion occur and clinical condition is critical, go to immediate unsynchronized shocks.



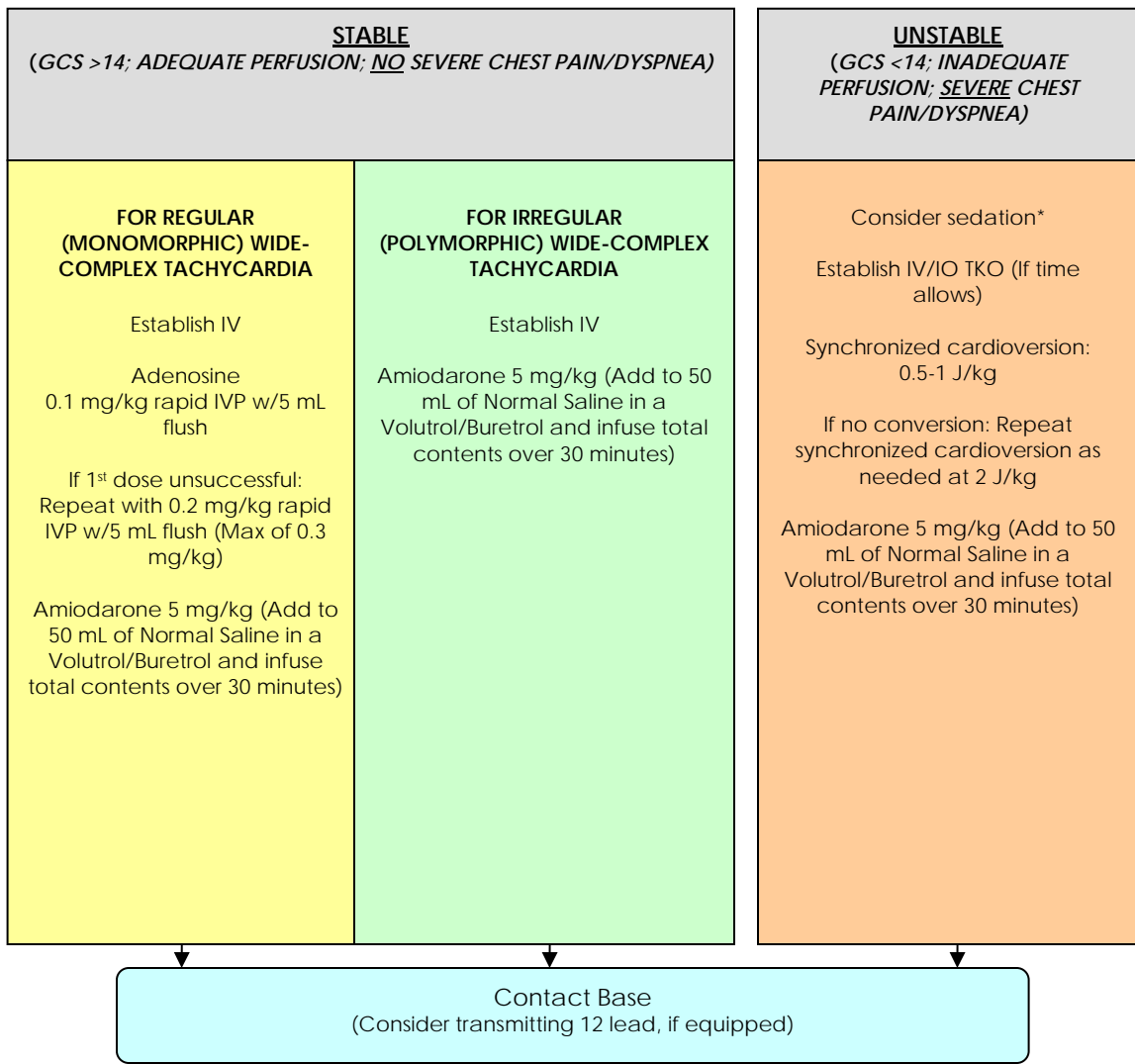
PEDIATRIC ALGORITHM

ABCs / ROUTINE MEDICAL CARE - Be prepared to support ventilation with appropriate airway adjuncts and circulation with external chest compressions.

Administer oxygen at the appropriate flow rate, preferably high flow via non re-breather mask.

Place patient in position of comfort and obtain a 12 lead EKG as soon as reasonably possible.

PROTOCOL PROCEDURE: Flow of protocol presumes that wide complex tachycardia is continuing. If response or condition changes, see appropriate protocol. If the patient remains stable and rhythm does not convert, transport to appropriate hospital. If at any time the patient becomes unstable, go to the unstable section of this protocol. If delays in synchronized cardioversion occur and clinical condition is critical, go to immediate unsynchronized shocks.



- Adenosine Info:** Dosing Maximums: First dose: 6 mg/Second dose: 12 mg
- *If patient is awake **consider sedation** with Versed 0.1 mg/kg diluted in 2-3 mL NS slow IV/IO push or 0.1 mg/kg IM or IN. **DO NOT DELAY CARDIOVERSION** if patient is unresponsive
- For Amiodarone sensitivity or allergy contact base for lidocaine order.