

UNSTABLE* WIDE-COMPLEX TACHYCARDIA (HR>150)

1. Establish IV/IO access.
2. Administer **O₂**.
3. Consider sedation by administration of **etomidate** at 0.1 mg/kg IV/IO
4. Perform synchronized cardioversion at 100 j, 200 j, 300 j, 360 j monophasic dose (or manufacturer recommended biphasic dose).
5. Consider administering 150 mg of **amiodarone** IV/IO over 10 minutes, as needed.^{†‡}
6. Perform synchronized cardioversion at 360 j, monophasic dose (or manufacturer recommended biphasic dose).
7. Transport patient.

*Persistent Tachyarrhythmia causing: Hypotension, acutely altered mental status, signs of shock, ischemic chest discomfort, or acute heart failure (CHF).

[†]The maximum IV/IO dose in 24 hours is 2.2 gm.

[‡]Lidocaine may be substituted if the patient is hypersensitive to amiodarone