

## 2.08 DYSRHYTHMIA: TACHYCARDIA

BLS Treatment
<ul style="list-style-type: none"><li>• Position of comfort.</li><li>• NPO</li><li>• <b>Oxygen</b> as indicated.</li></ul>
ALS Treatment
<p><b>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.</b></p> <ul style="list-style-type: none"><li>• IV/IO with <b>Normal Saline</b> TKO, preferably at antecubital fossa.</li><li>• 12-lead EKG (If symptomatic, do not delay therapy in order to obtain 12 lead).</li><li>• Treat if &gt;150 BPM and patient is symptomatic.</li></ul> <p><b><u>STABLE AND NARROW (QRS &lt; 0.12 seconds):</u></b></p> <ul style="list-style-type: none"><li>• Vagal maneuvers (Valsalva, cough or breath holding).</li><li>• <b>Adenosine</b></li></ul> <p><b><u>STABLE AND WIDE (QRS &gt; 0.12 seconds):</u></b></p> <ul style="list-style-type: none"><li>• <b>Amiodarone</b></li><li>• For Torsades de Pointes, administer <b>Magnesium Sulfate</b>.</li></ul> <p><b><u>UNSTABLE:</u></b></p> <ul style="list-style-type: none"><li>• Synchronized cardioversion</li><li>• If sedation is needed for awake patient during anticipated cardioversion AND if SBP &gt;90, may administer <b>Midazolam</b> and/or:</li><li>• <b>Morphine Sulfate</b></li><li>• If UNSTABLE, NARROW and REGULAR: <b>Adenosine</b> may be substituted for cardioversion.</li><li>• If UNSTABLE AND WIDE and synchronized cardioversion fails: administer <b>Amiodarone</b>.</li></ul>
Base Hospital Contact Criteria
Contact Base Hospital physician before administering <b>Midazolam</b> and <b>Morphine</b> together.
Comments
<p><b>ATRIAL FIBRILLATION</b></p> <ul style="list-style-type: none"><li>• Only administer synchronized cardioversion for atrial fibrillation if patient is unstable.</li></ul>