WIDE COMPLEX TACHYCARDIA WITH PULSE - ALS

1 - See 12 Lead Electrocardiogram (ECG) procedure

2 - If unconscious/unstable, defer vascular access until after cardioversion.

3 - If conscious, consider analgesia prior to cardioversion:
   - Morphine Sulfate 0.1 mg/kg IVP
     ≤ 65 years of age - max dose 10 mg
     > 65 years of age - max dose 5 mg
   - OR
   - Fentanyl 1 mcg/kg IVP
     ≤ 65 years of age - max dose 100 mcg
     > 65 years of age - max dose 50 mcg

4 – All patients with wide complex tachycardia should be transported to a STEMI Center
   - For renal patients with suspected hyperkalemia, consider:
     Calcium Chloride 1 AMP IV/IO (10 ml of 10% solution)
     Sodium Bicarb 1 AMP IV/IO (50 ml [50 mEq] of 8.4% solution)
   - For suspected tricyclic antidepressant overdose consider:
     Sodium Bicarb 1 AMP IV/IO (50 ml [50 mEq] of 8.4% solution)

RMC

Cardiac monitor

Apply defibrillation pads
Perform 12 lead ECG
Identify rhythm
Establish vascular access

Stable?

NO (Decreased LOC, SBP < 100, respiratory distress or chest pain)

Synchronized cardioversion 100, 200, 300, 360 J
Escalate as needed

YES, (Alert, SBP ≥ 100, no respiratory distress or chest pain)

Monitor and observe for changes

Transmit ECG to receiving facility
Contact Medical Control as appropriate and prepare for transport to STEMI Center