



County of Santa Cruz

HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL
SERVICES PROGRAM

Protocol No. C4
Reviewed 04/01/2010

Emergency Medical Services Program

Approved

Medical Director

Subject: TACHYCARDIA >150 WITH PULSES

I. BLS Treatment Protocol:

- A. Treat life threats (See Policy 4000)
- B. Prepare for transport / transfer of care.

II. ALS Treatment Protocol:

- A. Treat life threats (See Policy 4000)
- B. Cardiac Monitor: Confirm rate >150
- C. Consider 12-lead-ECG. Transmit as needed for treatment guidance.
- D. **Stable (*Adequate perfusion*)**
 1. Transport.
 2. Contact Base Station.

E. Unstable (*Inadequate perfusion*)

1. If patient is unstable but **conscious with narrow complex**
 - a) Consider vagal maneuver (no carotid massage)
 - b) Consider Adenosine (Age 50 or older – Base Station contact required):
 - 1st dose: Adenosine rapid 6mg IV/IO;
if no change after 1-2 minutes
 - 2nd dose: Adenosine rapid 12mg IV/IO;
if no change after 1-2 minutes
 - 3rd dose Adenosine rapid 12mg IV/IO
 - c) Versed 0.2mg/kg IM (max 10mg) or 0.1 mg/kg IV/IO (max 5 mg)
 - d) Synchronized cardioversion 100J; if no change 200J; if no change 300J; if no change 360J
 - e) Transport
 - f) Contact Base Station
2. If patient is unstable but **conscious with wide complex:**
 - a) Versed 0.2 mg/kg IM (max 10 mg) or 0.1 mg/kg IV/IO (max 5mg)
 - b) Synchronized cardioversion 100J; if no change 200J; if no change 300J; if no change 360J
 - c) Transport

- d) Contact Base Station
 - e) Consider Lidocaine 1mg/kg IVP/IO
 - f) If dysrhythmia responds to lidocaine, start lidocaine infusion at 2-4 mg/min
3. If patient is unstable and **unconscious with wide or narrow complex** **:
- a) Synchronized cardioversion 100J; if no change 200J; if no change 300J; if no change 360J
 - b) Transport
 - c) Contact Base Station
 - d) Consider Lidocaine 1mg/kg IVP/IO
 - e) If dysrhythmia response to lidocaine, start lidocaine infusion at 1-4 mg/min

Note: Consider common causes of tachycardia, including hypovolemia, and sepsis. SVT usually occurs in younger patients (i.e., younger than 50 years) with HRs greater than 200 bpm. Confirm a wide complex tachycardia using multiple leads. Consult the Base Station if you are unclear about the cause of the dysrhythmia, and whether or not you should treat it. Whenever possible, contact Base Station prior to administering synchronized cardioversion in unstable but conscious patients. In the unstable, unconscious patient where rapid synchronized cardioversion is the highest priority, do not hesitate administering cardioversion before initiating transport and contacting the Base Station (see E. 3).

**Unconsciousness should be attributed to a lack of perfusion caused by the tachycardia itself, not due to some other etiology unrelated to the tachycardia.