Wide Complex Tachycardia  
(Presumed Ventricular Tachycardia)

A guideline for patients with STABLE wide complex tachycardia. SYNCHRONIZED CARDIOVERSION PRECEDES DRUG THERAPY FOR HEMODYNAMICALLY UNSTABLE PATIENTS. Unstable patients may be defined as those having a wide complex tachycardia with: chest pain, shortness of breath, decreased level of consciousness, hypotension, shock, or pulmonary edema.

Pre-Radio  
PARAMEDIC
1. Follow the General Pre-Hospital Care Protocol.
2. If time and condition allow, consider sedation with Valium 5 mg IV prior to cardioversion.
3. If the patient is unstable, or becomes unstable, cardiovert immediately beginning at 50 J, increasing to 100 J, 200 J, 300 J, 360 J.
4. Start an IV NS KVO.
5. Administer Lidocaine (Xylocaine) 1.5 mg/kg IV.

Post-Radio  
PARAMEDIC
6. Administer Amiodarone (Cordarone) 150 mg IV over 10 minutes.
7. If tachycardia persists, medical control may recommend cardioversion as well as pre-sedation with Diazepam (Valium) 2-5 mg IV.
8. If patient’s heart rhythm converts to a normal rhythm using Lidocaine (Xylocaine), start a Lidocaine Drip (Xylocaine) 2 mg /minute.

Note: Under this protocol Amiodarone (Cordarone) should not be administered without input from Medical Control.

Note: Biphasic equipment energy levels may be different, but the cycle is the same. Follow manufacturer’s guidelines.