






**Narrow Complex Tachycardia
(Rate Greater Than 150bpm) – Unstable Patient**



Legend	
	EMR
	EMT
	Intermediate
	Paramedic
	Medical Control

EMR	<ol style="list-style-type: none"> 1. Universal Cardiac Care 2. Oxygen: Consider titrating the O2 to maintain SpO2 above 94% 3. Attempt vagal maneuver—holding breath and bear down or coughing 4. Attempt carotid massage. (NO carotid massage in elderly patients). 	EMR
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EMT	<ol style="list-style-type: none"> 1. Continue EMR care. 2. Apply cardiac monitor and obtain 12-lead EKG as soon as possible. Transmit to receiving facility (if equipped). It is beyond the scope of the EMT to interpret 12-leads or cardiac rhythms. 3. Contact receiving hospital as soon as possible. 4. Request ALS/ILS intercept as soon as possible. (Transport can be initiated at any time during this sequence.) 5. Attempt vagal maneuvers 	EMT
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I	<ol style="list-style-type: none"> 1. Continue EMT care 2. Initiate ALS intercept if not already done. 3. Initiate IV/IO Normal Saline with a 18g if possible in an AC vein 4. Obtain 12-Lead EKG and transmit to Medical Control as soon as possible 5. If NOT Atrial Fibrillation or Atrial Flutter, give Adenosine (Adenocard): 6mg rapid IV push if the patient is alert and oriented, has a systolic BP > 100mmHg, has a HR > 150bpm. If no response after 2 minutes, administer 12mg rapid IV push, may repeat 12mg dose once. 	I
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P	<ol style="list-style-type: none"> 1. Continue ILS Care. 2. Synchronized Cardioversion: Indicated if the patient has an altered level of consciousness, diaphoresis, dizziness, chest pain or discomfort, ventricular ectopy and/or is hypotensive. 3. Give Midazolam (Versed): 2mg IV/IO OR Ketamine 2.5mg/kg IV/IO for sedation in preparation for synchronized cardioversion, if there is time 	P
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