Wide Complex Tachycardia 
Stable Patient

1. Universal Cardiac Care.
2. Oxygen: Consider titrating the O2 to maintain SpO2 to 94%

1. Continue EMT 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 intercept as soon as possible. (Transport can be initiated at any time during this sequence).

1. Continue EMT care.
2. Initiate IV/IO Normal Saline, consider 20mL/kg bolus to rule out hypovolemia/dehydration as a cause of tachycardia otherwise (TKO).
3. Obtain 12-Lead EKG, transmit EKG and Contact Medical Control as soon as possible. (12-Lead should be obtained before and after medication administration.
4. If patient becomes pulseless at any time, refer to the Resuscitation of Pulseless Rhythms Protocol (V-fib or Pulseless V-tach).
5. Contact receiving hospital as soon as possible.
6. Lidocaine: 1mg/kg slow IV/IO push over 2 minutes if the patient is alert & oriented with warm & dry skin and a systolic BP > 100mmHg. If no response, administer 2nd Dose of 0.5-0.75mg/kg IV every 5 minutes as needed to a total of 3mg/kg.

NOTE: Defibrillation patches should be applied in the event the patient becomes unstable.