UnityPoint Health
EMS System

Wide Complex Tachycardia
Unstable Patient

Universal Patient Care SMO

Legend
EMR
EMT
Intermediate
Paramedic
Medical Control

EMR

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

EMR

EMT

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

EMT

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1. Continue EMT care.
2. Initiate IV/IO Normal Saline with a 20mL/kg bolus to rule out hypovolemia/dehydration as a cause of tachycardia, otherwise TKO rate.
3. **Call for ALS Intercept as soon as possible**
   If the patient becomes pulseless at any time, refer to the *appropriate SMO (**V-fib or Pulseless V-tach, Asystole, PEA**)*.
4. **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/IO every ***5 minutes*** as needed to a total of 3mg/kg.
   Obtain **12-Lead EKG**, transmit EKG and **Contact Medical Control** as soon as possible. (12-Lead should be obtained before and after medication administration.)

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1. **Synchronized Cardioversion**: If the patient has an altered level of consciousness, diaphoresis, chest pain or discomfort, pulmonary edema and/or is hypotensive: Use biphasic equivalent energy level for Biphasic devices.

2. **Give Midazolam (Versed)**:2mg IV/IO **OR Ketamine,** 2.5mg/kg IV/IO for patient comfort prior to cardioversion, if there is time. Re-check vital signs 5 minutes after administration. Repeat dose one time if systolic BP > 100mmHg and respiratory rate is > 10 breaths per minute. Additional doses require **Medical Control order.**

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MC