First Responder Care

1. Render initial care in accordance with the Routine Patient Care SMO.
2. Administer Oxygen, preferably 15 L/min via non-rebreather mask. If the patient does not tolerate a mask, then administer 6 L/min by nasal cannula.
3. If the patient has a known history of COPD, titrate oxygen to maintain a PaO2 level of 90-93%.
4. Initiate ALS intercept and transport, Contact Medical Control as soon as possible.

BLS Care

1. Administrating Oxygen, preferably 15 L/min via non-rebreather mask. If the patient does not tolerate a mask, then administer 6 L/min by nasal cannula.
2. If the patient has a known history of COPD, titrate oxygen to maintain a PaO2 level of 90-93%.
3. Initiate ALS intercept and transport, Contact Medical Control as soon as possible.

ILS Care

1. If the patient becomes pulseless at any time, refer to the appropriate SMO (V-fib or Pulseless V-tach, Asystole, PEA).
2. Adenosine 6mg IV/IO rapidly followed by fluid bolus if wide rhythm is regular and monomorphic. If no response, use Lidocaine.
3. Lidocaine*: 1mg/kg IV/IO slowly over 2 minutes if the patient is alert & oriented with warm & dry skin and a systolic BP > 100mmHg
4. If no response, administer Lidocaine* 0.5mg/kg (0.25mg/kg in patients > 70 years old) IV every 5 minutes as needed to a total of 3mg/kg.
5. Obtain 12-Lead EKG, transmit EKG and Contact Medical Control as soon as possible.

ALS Care

1. Midazolam (Versed): 2mg IV/IO/IN for patient comfort prior to cardioversion. Re-check vital signs 5 minutes after administration. Repeat dose one time if systolic BP > 100mmHg and respiratory rate is > 10 rpm. Additional doses require Medical Control order.
2. 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.
   a) Synchronized cardioversion at 100 Joules if tachycardia persists.
   b) Synchronized cardioversion at 200 Joules if tachycardia persists.
   c) Synchronized cardioversion at 300 Joules if tachycardia persists.
   d) Synchronized cardioversion at 360 Joules if tachycardia persists.
2. Contact Medical Control as soon as possible.