

**Wide Complex Tachycardia
Stable 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 to 94% 	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 intercept as soon as possible. (<i>Transport can be initiated at any time during this sequence</i>). 	EMT
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I	<ol style="list-style-type: none"> 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 <i>Resuscitation of Pulseless Rhythms Protocol</i> (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. 	I
P		P

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