Protocol 700-C4

Tachycardia > 150 with Pulses

Rev: 2/18

BLS Treatment

- Treat life threats. (See Procedure 701 *Life Threats*)
- Prepare for transport / transfer of care.

ALS Treatment

- Cardiac Monitor: Confirm rate >150. If other rhythm or pulseless see Protocol 700-*C1, Cardiac Arrest*
- Consider12-lead-ECG. Transmit as needed for treatment guidance.
- Treatment (see table 1)

Table 1: Tachycardia > 150

	Stable (SBP > 90)	**Borderline** (SBP > 90)	**Unstable** (SBP < 90)
Presentation	• Adequate perfusion	• Severe chest pain, SOB, pallor, decreased LOC	• Severe chest pain, SOB, pallor, decreased LOC
Treatment	• Transport • Contact Base Station.	• Consider vagal maneuver (no carotid massage) • Consider **Adenosine** ○ 1st dose: **Adenosine** rapid 6mg IV/IO; if no change after 1-2 min. ○ 2nd dose: **Adenosine** rapid 12mg IV/IO; if no change after 1-2 min. ○ Warning: Do not use if rhythm is irregular, polymorphic or evidence of WPW (see fig 1) • Transport/Contact Base Station.	• **Midazolam** 5 mg IM or 2.5 mg IV/IO/IN • Synchronized cardioversion 100J; if no change 200J; if no change 300J; if no change 360J • If patient is unstable but conscious with wide complex: ○ Consider **Adenosine** administration if there is the possibility that this rhythm is an aberrantly conducted SVT. ○ Warning: Do not use if rhythm is irregular or polymorphic. Use **Adenosine** dosing as above. ○ **Midazolam** 5 mg IM or 2.5 mg IV/IO/IN ○ Synchronized cardioversion 100J » 200J » 300J » 360J prn ○ Consider **Amiodarone** drip – 150 mg infused over 10 minutes. • Transport/Contact Base Station.

Special Considerations

- Consider common causes of tachycardia. See Table 2
- Consult the Base Station if you are unclear about the cause of the dysrhythmia, and whether or not you should treat it
- Whenever possible, contact Base Station prior to administering synchronized cardioversion in unstable but conscious patients. In the unstable, unconscious patient where rapid synchronized cardioversion is the highest priority, do not hesitate administering cardioversion before initiating transport and contacting the Base Station
- Unconsciousness should be attributed to a lack of perfusion caused by the tachycardia itself, not due to some other etiology unrelated to the tachycardia.

Table 2: Possible Causes of Tachycardia	
• Hypoxemia	• Tamponade
• Hypothermia	• Tension pneumothorax
• Hypovolemia	• Thrombosis
• Metabolic disorders	• Pain
• Toxins/poisons/drugs	• Sepsis