**BLS**

Baseline Assessment, Vital Signs

O₂ via O₂ Therapy Guideline (7.02 M.)

Blood Glucose
If BG < 60 mg/dl, Ref. 8.03 Y. "Hypoglycemia"

**ALS**

Cardiac Monitor
IV NS TKO in Antecubital Vein

Pulse ≥ 150 BPM? 
- No → Consider other etiologies
- Yes →
  
  - Stable patient?*a
    - No → 12 lead ECG
    - Yes →
      
      - Altered Mental Status secondary to cerebral hypoperfusion?
        - No → Further orders as per on-line physician
        - Yes →
          
          - Synchronized Cardioversion @ 100 Joules
            - Successful → Further orders as per on-line physician
            - Unsuccessful →
              
              - Synchronized Cardioversion @ 200 Joules
                - Successful → Further orders as per on-line physician
                - Unsuccessful →
                  
                  - Synchronized Cardioversion @ 300 Joules
                    - Successful → Further orders as per on-line physician
                    - Unsuccessful →
                      
                      - Synchronized Cardioversion @ 360 Joules
                        - Successful → 12 lead ECG
                        - Unsuccessful → Further orders as per on-line physician

  - Further orders as per on-line physician

  12 lead ECG

  Amiodarone 150 mg IV gtt over 5-10 minutes

  If known recent cocaine usage or tricyclic antidepressant OD,
  Sodium Bicarbonate 1 mEq/Kg IV

**Note**

In some cases, polymorphic wide-complex rhythms will not be able to be synchronize cardioverted. In these unstable patients with AMS, if the synchronized cardioversion energy fails to be delivered, it is acceptable to perform an unsynchronized defibrillation at 360 Joules to restore a perfusing rhythm.