



# MIAMI TOWNSHIP FIRE & EMS CLERMONT COUNTY, OHIO *CARDIAC ARRHYTHMIA PROTOCOLS*



## WIDE COMPLEX TACHYCARDIA (STABLE)

### Historical Findings

1. Age > 15.

### Physical Findings

1. ***NO signs*** of rate-related cardiovascular compromise:
  - A. Acute altered mental status.
  - B. Ongoing chest pain.
  - C. Severe shortness of breath.
  - D. Presyncope or syncope.
  - E. Systolic blood pressure  $\leq 90$  mm/Hg.

### EKG Findings

1. Rate above 130 beats/minute.
2. Wide QRS ( $\geq 0.12$  seconds or 3 little blocks).
3. Absent P waves.

### Protocol

1. Initiate contact; reassure, and explain procedures.
2. Assess and secure the patient's airway and provide oxygen per the airway, oxygen and ventilation protocol.
3. Perform patient assessment, obtain vital signs and begin cardiac monitoring.
4. Acquire a 12 Lead ECG and maintain cardiac monitoring at all times.
5. Initiate IV access with a saline lock or 0.9 % normal saline KVO.
6. Administer amiodarone (Cordarone) 150 mg IV slow over 10 minutes.
  1. Mix 150 mg/3 cc in a 20 cc syringe with 17 cc 0.9 % normal saline.
7. If the wide complex tachycardia persists after the first dose of amiodarone (Cordarone), repeat amiodarone (Cordarone) 150 mg IV slow over 10 minutes.



## MIAMI TOWNSHIP FIRE & EMS CLERMONT COUNTY, OHIO *CARDIAC ARRHYTHMIA PROTOCOLS*

---



8. If the wide complex tachycardia persists after the second dose of amiodarone (Cordarone) and the patient remains stable, contact medical command.
9. If patient has a known allergy to amiodarone (Cordarone), administer lidocaine (Xylocaine) 1.5 mg/kg IV/IO repeated in 3-5 minutes at 0.5 to 0.75 mg/kg to a max dose of 3 mg/kg instead of amiodarone (Cordarone).
10. If the patient has a known allergy to amiodarone (Cordarone), lidocaine (Xylocaine) 0.5 mg/kg slow IV can be administered for breakthrough ventricular arrhythmias not to exceed the max dose of 3 mg/kg instead of an amiodarone (Cordarone).