REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Intermediate

SMO: Adult Wide Complex Tachycardia

Overview: Wide complex tachycardia is most often ventricular in origin but may be supraventricular tachycardia with aberrant conduction. A widened QRS complex is defined as greater than or equal to 0.12 seconds.

INFORMATION NEEDED
__History of arrest:
__Witnessed collapse: time down and preceding symptoms
__Unwitnessed collapse: time down and preceding symptoms if known
__Bystander CPR and treatments, including First Responder, AED or PAD defibrillation, given prior to arrival
__Past medical history: diagnosis, medications
__Scene: evidence of drug ingestion, hypothermia, trauma, Valid DNR form, nursing home or hospice patient

OBJECTIVE FINDINGS-- STABLE
__No signs of poor perfusion
__Normal mental status

TREATMENT
__See DYSRHYTHMIASOVERVIEW Protocol
__Routine Medical Care
__Consult Medical Control for use of **Lidocaine 1 to 1.5 mg/kg IV or IO;** If Dysrhythmia persists, repeat Lidocaine 0.5 to 0.75 mg/kg IV or IO in 5 - 10 min. to a max total dose of 3 mg/kg at Medical Control discretion or **Amiodarone 150mg IV or IO** over 10 minutes**(150mg Amiodarone added to 100ml bag with 60drip tubing, attach 60drip tubing to main iv line and run 60drip tubing wide open).**
__Obtain 12 Lead ECG if available when patient is stable.

__ If at any time the patient becomes unstable proceed to unstable protocol and cardioversion.

OBJECTIVE FINDINGS-- UNSTABLE

__AMS

__Signs of poor perfusion (chest pain, dyspnea, rales, hypotension-systolic BP<90 related to the tachycardia

TREATMENT

__See DYSRHYTHMIAS OVERVIEW Protocol

__Routine Medical Care

__**Unsynchronized** (for acutely decompensated/near arrest patient) **or synchronized cardioversion** : 100 J, biphasic. Consult Medical Control for permission to give **Versed (midazolam) 2mg** slow IVP or **Valium (diazepam) 5 mg** slow IVP for sedation if patient is awake. Consult Medical Control for subsequent doses.

__Upon successful cardioversion, or if cardioversion fails consult Medical Control for use of **Lidocaine** 1-1.5 mg/kg IV or IO, Repeat 0.5 to 0.75 mg/kg IV or IO **Lidocaine** in 5 - 10 min. to a max total dose of 3 mg/kg at Medical Control discretion or **Amiodarone** 150mg IV or IO over 10 minutes**(150mg Amiodarone added to 100ml bag with 60drip tubing, attach 60drip tubing to main iv line and run 60drip tubing wide open).**

__Obtain 12 Lead ECG if available when patient is stable.

Medical Control Contact Criteria

__ For permission to administer Versed or Valium

__ For permission to administer Lidocaine or Amiodarone

Documentation of adherence to protocol:

__ Stability documented (chart contains the word stable or unstable)

__ Correct doses of medications administered if indicated

__ If unstable patients receive **cardioversion**

PRECAUTIONS AND COMMENTS

- A widened QRS complex is defined as greater than or equal to 0.12 seconds.
- A wide complex tachycardia is most often ventricular in origin but may be supraventricular tachycardia with aberrant conduction.
- Do not use **Lidocaine or Amiodarone** in the presence of underlying atrial fibrillation, atrial flutter, bradycardia with ventricular escape beats, or other conduction defect (2nd or 3rd degree AV block).
- Repeat **Lidocaine** doses should be reduced by one-half in elderly patients and patients with known liver disease, congestive heart failure, or on dialysis.
- Signs of **Lidocaine** toxicity include seizures, increased agitation and/or irritability, parasthesias or altered mental status.
- **(150mg Amiodarone added to 100ml bag with 60drip tubing, attach 60drip tubing to main iv line and run 60drip tubing wide open).**

REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Paramedic

SMO: Adult Wide Complex Tachycardia

Overview: Wide complex tachycardia is most often ventricular in origin but may be supraventricular tachycardia with aberrant conduction. A widened QRS complex is defined as greater than or equal to 0.12 seconds.

INFORMATION NEEDED
__History of arrest:
__Witnessed collapse: time down and preceding symptoms
__Unwitnessed collapse: time down and preceding symptoms if known
__Bystander CPR and treatments, including First Responder, AED or PAD defibrillation, given prior to arrival
__Past medical history: diagnosis, medications
__Scene: evidence of drug ingestion, hypothermia, trauma, Valid DNR form, nursing home or hospice patient

OBJECTIVE FINDINGS-- STABLE
__No signs of poor perfusion
__Normal mental status

TREATMENT
__See DYSRHYTHMIASOVERVIEW Protocol
__Routine Medical Care
__Consult Medical Control for use of
__**Lidocaine 1 to 1.5 mg/kg IV or IO;** If Dysrhythmia persists, repeat Lidocaine 0.5 to 0.75 mg/kg IVor IO in 5 - 10 min. to a max total dose of 3 mg/kg or **Amiodarone 150mg IV or IO** over 10 minutes(**150mg Amiodarone added to 100ml bag with 60drip tubing, attach 60drip tubing to main iv line and run 60drip tubing wide open).**
__ ***If at any time the patient becomes unstable proceed to unstable protocol and cardioversion.***

OBJECTIVE FINDINGS-- UNSTABLE
__AMS
__Signs of poor perfusion (chest pain, dyspnea, rales, hypotension-systolic BP<90 related to the tachycardia

TREATMENT
__See DYSRHYTHMIAS OVERVIEW Protocol
__Routine Medical Care
__**Unsynchronized** (for acutely decompensated/near arrest patient) **or synchronized cardioversion** : 100 J biphasic. **Versed (midazolam) 2mg slow IVP or Valium (diazepam) 5 mg** slow IVP for sedation if patient is awake. May repeat to a maximum of 10 mg. Consult Medical Control for subsequent doses.
__Upon successful cardioversion, or if cardioversion fails **Lidocaine** 1-1.5 mg/kg IV or IO, Repeat 0.5 to 0.75 mg/kg IV **Lidocaine** in 5 - 10 min. to a max total dose of 3 mg/kg or **Amiodarone 150mg IV or IO** over 10 minutes**(150mg Amiodarone added to 100ml bag with 60drip tubing, attach 60drip tubing to main iv line and run 60drip tubing wide open).**
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Medical Control Contact Criteria

__ For subsequent doses of Versed or Valium
__ For permission to administer Lidocaine / Amiodarone

Documentation of adherence to protocol:
__ Stability documented (chart contains the word "stable" or "unstable")
__ Correct doses of medications administered if indicated
__ Unstable patients that receive **cardioversion**

PRECAUTIONS AND COMMENTS
- A widened QRS complex is defined as greater than or equal to 0.12 seconds.
- A wide complex tachycardia is most often ventricular in origin but may be supraventricular tachycardia with aberrant conduction.
- Do not use **Lidocaine** in the presence of underlying atrial fibrillation, atrial flutter, bradycardia with ventricular escape beats, or other conduction defect (2nd or 3rd degree AV block).
- Repeat **Lidocaine** doses should be reduced by one-half in elderly patients and patients with known liver disease, congestive heart failure, or on dialysis.
- Signs of **Lidocaine** toxicity include seizures, increased agitation and/or irritability, parasthesias or altered mental status.
- **(150mg Amiodarone added to 100ml bag with 60drip tubing, attach 60drip tubing to main iv line and run 60drip tubing wide open).**