

Ventricular Tachycardia with a Pulse / Wide-Complex Tachycardia of Uncertain Type (Adult)

Paramedic

1. Unstable Ventricular Tachycardia with a Pulse
 - 1.1 Perform initial synchronized cardioversion using 100 joules
 - 1.2 Repeat synchronized cardioversion as needed using 200, 300, and 360 joules
 - 1.3 Administer Amiodarone 150 mg IV (diluted in 100 ml D₅W) over 10 minutes
2. Stable Ventricular Tachycardia with a Pulse administer one of the following:
 - OPTION A: Amiodarone 150 mg IV (diluted in 100 ml D₅W) over 10 minutes
 - OPTION B: Lidocaine 1 mg/kg IV (maximum 100 mg) over 2 minutes
 - For persistent stable ventricular tachycardia with a pulse, following the administration of one of the above anti-dysrhythmic medications, administer the other anti-dysrhythmic medication, if available (i.e. if initially administered Amiodarone, then administer Lidocaine, or vice versa)

Paramedic STOP

Medical Control Options

3. Administer Magnesium Sulfate 2 g IV diluted in 10 ml Normal Saline over 2 minutes
4. In cases of suspected hyperkalemia or calcium channel blocker overdose, administer Calcium Chloride 1 g IV slowly, followed with a crystalloid fluid flush
5. For pre-existing acidosis, administer Sodium Bicarbonate 44-88 mEq IV. Repeat Sodium Bicarbonate 44 mEq IV every 10 minutes as needed

Key Points / Considerations

- Tricyclic antidepressant overdose can cause wide-complex tachycardia which may be worsened by anti-dysrhythmic medications. Consider administering Sodium Bicarbonate or Magnesium Sulfate for these cases. If an anti-dysrhythmic is indicated, Lidocaine is preferred. Amiodarone should be avoided as it may cause additional dysrhythmias