

**Dysrhythmia (Adult)****CFR AND ALL PROVIDER LEVELS**

1. ABCs and vital signs.
2. Airway management, and appropriate oxygen therapy.
3. Begin CPR if patient is in cardiac arrest (see the General Cardiac Arrest Care (Non-Traumatic) (Adult) protocol).

**● CFR STOP****EMT**

4. Request ALS assistance.
5. Transport.

**● EMT STOP****Paramedic**

6. Begin cardiac monitoring.
7. Treat specific dysrhythmias, according to the following protocols:
  - a. Atrial fibrillation / Atrial flutter (Adult)
  - b. Bradydysrhythmia (Adult)
  - c. Supraventricular Tachycardia (Adult)
  - d. Ventricular Tachycardia with a Pulse / Wide Complex Tachycardia of Uncertain Type (Adult)
8. Intravascular access.
9. Monitor vital signs every 2-3 minutes.

**● Paramedic STOP****Key Points / Considerations**

1. Stable Dysrhythmia:
  - a. Any adult patient having a dysrhythmia **NOT** associated with signs of hypoperfusion.
  - b. Any pediatric patient having a dysrhythmia **NOT** associated with depressed mental status and absent peripheral pulses and/or hypotension, i.e., decompensated shock.
2. Unstable dysrhythmia:
  - a. Any adult patient having a dysrhythmia associated with:
    - i. Hypotension (systolic blood pressure < 90 mmHg), i.e., decompensated shock.
    - ii. Altered mental status (e.g., agitation, confusion).
  - b. Any pediatric patient having a dysrhythmia associated with:
    - i. Depressed mental status and absent peripheral pulses.
    - ii. Hypotension (systolic blood pressure < 70 mmHg + [2 x age in years]), i.e., decompensated shock.
3. Consider Procedural Sedation prior to any electrical therapy for conscious patients.
4. When using a monitor for which the maximum joule setting is less than 360 joules, utilize biphasic equivalent synchronized energy setting.
5. Further repeated attempts at synchronized cardioversion should be performed using the monitor's maximum setting if device cannot deliver more than 200 joules in place of the consecutive joule settings.