

Sierra – Sacramento Valley EMS Agency Treatment Protocol

C-4 (LALS)

Tachycardia With Pulses

Approval: Troy M. Falck, MD – Medical Director Effective: 06/01/2024

Approval: John Poland – Executive Director | Next Review: 01/2027

- Unstable pts with persistent tachycardia require immediate cardioversion (AEMT II).
- It is unlikely that symptoms of instability are caused primarily by the tachycardia if the HR is <150/min.



- Manage airway and assist ventilations as necessary
- Assess V/S, including SpO₂ reassess V/S every
 3 5 min if possible
- O₂ at appropriate rate if hypoxemic (SpO₂ <94%), short of breath, or signs of heart failure/shock



- Cardiac monitor (AEMT II), 12-lead ECG (AEMT II) at appropriate time (do not delay therapy)
- IV/IO NS at appropriate time (may bolus up to 1000 mL for hypotension)

Persistent tachycardia causing any of the following?

YES

- Hypotension
- · Acutely altered mental status
- Signs of shock
- Ischemic chest discomfort
- Acute heart failure

Monitor & reassess

NO→

 Contact base/ modified base hospital for consultation if necessary

Synchronized Cardioversion (AEMT II)

- Initial synchronized cardioversion doses:
 - Narrow regular: 50 100 JNarrow irregular: 120 200 J
 - Wide regular: 100 J
- Consider pre-cardioversion sedation/pain control*
- If no response to initial shock, increase dose in a stepwise fashion for subsequent attempts
- If rhythm is wide-irregular or monitor will not synchronize, & pt is critical, treat as VF with unsynchronized defibrillation doses (protocol C-1)

*Sedation/Pain Control (AEMT II)

Consider one of the following for pts in need of sedation/pain control:

Midazolam:

• 2 - 5 mg IV

OR

Fentanyl:

• 25 - 50 mcg IV