



Tachycardia With Pulses

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

BLS

- Manage airway & 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

Pre-Cardioversion Sedation/Pain Control
• Consider one of the following for pts in need of sedation/pain control:
- Midazolam: 5 mg* IV/IO
OR
- Fentanyl: 50 mcg* IV/IO
*For pts ≥65yo, Midazolam is limited to 2.5 mg & Fentanyl is limited to 25 mcg.

ALS

- Cardiac monitor, 12-lead ECG 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?
• Hypotension
• Acutely altered mental status
• Signs of shock
• Ischemic chest discomfort
• Acute heart failure

YES

Synchronized Cardioversion
• Initial synchronized cardioversion doses:
- Narrow regular: 50 - 100 J
- Narrow 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)

NO

Wide QRS (≥0.12 seconds)?

NO

Valsalva Maneuver

YES

- Amiodarone: 150 mg intermittent IV/IO push over 10 mins OR 150 mg in 100 mL D5W or NS IV/IO infusion over 10 mins
• If Torsades de Pointes: Magnesium Sulfate: 2 g in 100 ml D5W or NS IV/IO infusion over 15 mins
• Contact base/modified base hospital for consultation if necessary

If no response to Valsalva Maneuver, consider:
Adenosine:
• First dose: 6 mg rapid IV/IO push
• Second dose (if rhythm does not convert within 1-2 mins): 12 mg rapid IV/IO push
• Flush IV/IO line with 20 mL NS after each dose