ADULT WIDE COMPLEX TACHYCARDIA STANDING ORDER

Initiate Immediate Supportive Care:

- Cardiac monitor & pulse oximetry
- O2 to maintain saturation >94%
- 12 Lead ECG
- IV/IO

INCLUSION

Wide complex tachycardia (>0.12 sec) with HR >130

With serious signs and symptoms:

Hypotension, AMS, signs of shock/poor perfusion, acute CHF, chest pain with evidence of ischemia (ST elevation, T wave inversion, or ST depressions)

EXCLUSION

Asymptomatic

Pulseless: Follow Cardiac Arrest SO

Fever: Follow Sepsis SO

Stable blood pressure

Orders

Regular rhythm (VT or SVT with aberrancy)

1. Vagal maneuvers (i.e. valsalva)
2. First line for WCT is **amiodarone 150 mg IV/IO over 10 minutes** *
3. Or, if Amiodarone not available – **Lidocaine 100mg IV/IO**
4. If patient has history of SVT with aberrancy or prior conversion with adenosine – may attempt **adenosine 6 mg IV/IO rapid push**. **May repeat 12 mg IV/IO x 1**

Irregular rhythm monomorphic complex (consider atrial fibrillation with aberrancy) and patient has serious signs/symptoms

1. Synchronized Cardioversion 120 Joules
   May repeat at 200 Joules *

DO NOT GIVE BETA BLOCKERS or CCB

Torsades - Irregular rhythm, polymorphic complex

1. **Magnesium sulfate 2 g IV/IO** IVPB over 5 minutes (mix in 100 ml normal saline)
2. If no immediate conversion then **synchronized cardioversion at 120 Joules. May repeat at 200 Joules ***

*Consider sedation pre-shock If blood pressure allows:
Midazolam 2.5 mg IV/IO
or **5 mg IM**

Unstable / prearrest (no radial pulse)
HR usually > 150

Orders

Synchronized Cardioversion
120 Joules
May repeat at 200 J

If synchronization not possible perform defibrillation at 200 J

If no rhythm change: Contact Medical Direction and Notify Receiving Facility

If sinus rhythm or rate < 110

- 12 Lead ECG
- Notify receiving facility

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