REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic

SMO: Dysrhythmias Overview

Overview: Dysrhythmias represent a broad spectrum of cardiac rhythms ranging from rhythms that are relatively benign with the patient tolerating the rhythm well to very dangerous and unstable rhythms disturbances. Some rhythms will only require supportive care while others will require prompt intervention. This policy defines the initial approach to the patient suspected in having a rhythm disturbance.

INFORMATION NEEDED

__Presenting symptoms: time of onset, gradual or sudden
__Associated symptoms: discomfort (pain, location, quality, radiation, severity, previous occurrences), palpitations, dizziness, syncope, dyspnea, nausea, vomiting, fever, cough
__Medical history: dysrhythmias, cardiac disease, stress, drug abuse, diabetes mellitus, renal failure, pacemaker

OBJECTIVE FINDINGS

__Signs of shock
__Signs of hypoxemia

TREATMENT

__Assess ABC's
__High-flow oxygen 10-15L/min via non-rebreather mask, support ventilation as needed with a BVM at 15 L/min.
__Continuous reassessment of vital signs and signs of perfusion
__Routine Medical Care
__Request ILS or ALS intercept

Documentation of adherence to protocol:

__ Application of high-flow Oxygen
__ Appropriate ILS or ALS intercept made

PRECAUTIONS AND COMMENTS

- Consider a non-cardiac cause as source of the dysrhythmia, e.g. hypoxia, drugs, hypovolemia.

REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Intermediate, EMT – Paramedic

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OBJECTIVE FINDINGS

__Signs of shock
__Signs of hypoxemia
__Cardiac rhythm (on monitor and compared with pulse)

TREATMENT

__Assess ABC's
__High-flow oxygen 10-15L/min via non-rebreather mask, support ventilation as needed with BVM at 15 L/min.
__Advanced Airway intervention as needed
__Continuous reassessment of vital signs and signs of perfusion
__Routine Medical Care
__IV NS
__Refer to specific DYSRHYTHMIA Protocol
__If dysrhythmia resolves and chest pain continues, refer to CHEST DISCOMFORT Protocol
__Continued cardiac monitoring throughout transport to the ED

Documentation of adherence to protocol:

__ Application of high-flow Oxygen
__ Documentation of Cardiac monitoring
__ Rhythm strip printed and placed on patient's run report.
__ Correct identification of patient rhythm.

PRECAUTIONS AND COMMENTS

- The asymptomatic patient with adequate perfusion may not require anti-dysrhythmic treatment.
- Record cardiac rhythm strip of initial findings and all changes observed.
- NTG and other medication patches should be removed prior to cardioversion, defibrillation, or transcutaneous pacing.
- Consider a non-cardiac cause as source of the dysrhythmia, e.g. drugs, hypovolemia.