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

SMO: Adult Premature Ventricular Contractions (PVC's)

Overview: A premature ventricular complex (PVC) is a single ectopic impulse arising from an irritable focus in either ventricle (bundle branches, Purkinje fibers, or ventricular muscle) that occurs earlier than the next expected sinus beat. Multifocal PVCs are considered more dangerous than unifocal PVCs, generally because they are a result of increased myocardial irritability.

INFORMATION NEEDED

__History of arrest:
__Witnessed collapse: time down and preceding symptoms
__Unwitnessed collapse: time down and preceding symptoms if known
__Bystander CPR and treatments, including First Responder, AED or PAD defibrillation, given prior to arrival
__Past medical history: diagnosis, medications
__Scene: evidence of drug ingestion, hypothermia, trauma, Valid DNR form or medallion, nursing home or hospice patient

OBJECTIVE FINDINGS
LOWER POTENTIAL RISK

__Frequency and pattern of PVC's and underlying rhythm
__No chest discomfort or significant associated symptoms
__Infrequent, single, unifocal PVC's

TREATMENT

__High flow oxygen 10-15 L/min via nonrebreather mask;
__Regular reassessment of vital signs and signs of perfusion
__RMC

OBJECTIVE FINDINGS
HIGHER POTENTIAL RISK OF CARDIAC COMPLICATIONS
__Frequency and pattern of PVC's and underlying rhythm
__Chest discomfort or other significant symptoms
__Frequent (>6 minute) multi-focal PVC's with significant signs/symptoms
__Couplets or runs of V-Tach

TREATMENT
__High flow oxygen, support ventilations as indicated
__Shock position
__Regular reassessment of vital signs and signs of perfusion
__RMC
__Refer to CHEST DISCOMFORT Protocol as indicated (treat the pain first)
__Consult Medical Control for use of **Lidocaine** 1 to 1.5 mg/kg IV [see PRECAUTIONS AND COMMENTS]
__Per Medical Control instruction, repeat 0.5 to 0.75 mg/kg IV **Lidocaine** in 5 - 10 min. to a max total dose of 3 mg/kg.

Medical Control Contact Criteria

__ Permission to administer Lidocaine and subsequent doses.

Documentation of adherence to protocol:
__ Rhythm strip attached to chart
__ IV started

PRECAUTIONS AND COMMENTS
- Do not use **Lidocaine** in the presence of underlying atrial fibrillation, atrial flutter, bradycardia with ventricular escape beats, or other conduction defect (2nd or 3rd degree AV block).
- Repeat **Lidocaine** doses should be reduced by one-half in elderly patients and patients with known liver disease, congestive heart failure, or on dialysis.
- Signs of **Lidocaine** toxicity include seizures, increased agitation and/or irritability, paresthesias or altered mental status. If seizures or significant mental status changes occur, call medical control for further orders regarding continuation/discontinuation of lidocaine.