REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Intermediate

SMO: Adult Wide Complex Tachycardia

Overview: Wide complex tachycardia is most often ventricular in origin but may be supraventricular tachycardia with aberrant conduction. A widened QRS complex is defined as greater than or equal to 0.12 seconds.

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-- STABLE

__No signs of poor perfusion
__Normal mental status

TREATMENT

__See DYSRHYTHMIASOVERVIEW Protocol
__Routine Medical Care
__Consult Medical Control for use of **Lidocaine 1 to 1.5 mg/kg IV;** If Dysrhythmia persists, repeat Lidocaine 0.5 to 0.75 mg/kg IV in 5 - 10 min. to a max total dose of 3 mg/kg at Medical Control discretion.

__ ***If at any time the patient becomes unstable proceed to unstable protocol and cardioversion.***

OBJECTIVE FINDINGS-- UNSTABLE

__AMS

__Signs of poor perfusion (chest pain, dyspnea, rales, hypotension-systolic BP<90 related to the tachycardia

TREATMENT

__See DYSRHYTHMIAS OVERVIEW Protocol

__Routine Medical Care

__**Unsynchronized** (for acutely decompensated/near arrest patient) **or synchronized cardioversion** : 100 J, may repeat at 200 J, 300 J, 360 J for monophasic or equivalent for biphasic. Consult Medical Control for permission to give **Versed (midazolam) 2mg** slow IVP or **Valium (diazepam) 5 mg** slow IVP for sedation if patient is awake. Consult Medical Control for subsequent doses.

__Upon successful cardioversion, or if cardioversion fails consult Medical Control for use of **Lidocaine** 1-1.5 mg/kg IV, Repeat 0.5 to 0.75 mg/kg IV **Lidocaine** in 5 - 10 min. to a max total dose of 3 mg/kg at Medical Control discretion.

Medical Control Contact Criteria

__ For permission to administer Versed or Valium

__ For permission to administer Lidocaine

Documentation of adherence to protocol:

__ Stability documented (chart contains the word stable or unstable)

__ If stable patients receive **Lidocaine**

__ If unstable patients receive **cardioversion**

PRECAUTIONS AND COMMENTS

- A widened QRS complex is defined as greater than or equal to 0.12 seconds.
- A wide complex tachycardia is most often ventricular in origin but may be supraventricular tachycardia with aberrant conduction.
- 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, parasthesias or altered mental status.

REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Paramedic

SMO: Adult Wide Complex Tachycardia

Overview: Wide complex tachycardia is most often ventricular in origin but may be supraventricular tachycardia with aberrant conduction. A widened QRS complex is defined as greater than or equal to 0.12 seconds.

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-- STABLE

__No signs of poor perfusion
__Normal mental status

TREATMENT

__See DYSRHYTHMIASOVERVIEW Protocol
__Routine Medical Care
__Consult Medical Control for use of
__**Lidocaine 1 to 1.5 mg/kg IV;** If Dysrhythmia persists, at Medical Control discretion, repeat Lidocaine 0.5 to 0.75 mg/kg IV in 5 - 10 min. to a max total dose of 3 mg/kg

__ ***If at any time the patient becomes unstable proceed to unstable protocol and cardioversion.***

OBJECTIVE FINDINGS-- UNSTABLE

__AMS

__Signs of poor perfusion (chest pain, dyspnea, rales, hypotension-systolic BP<90 related to the tachycardia

TREATMENT

__See DYSRHYTHMIAS OVERVIEW Protocol

__Routine Medical Care

__**Unsynchronized** (for acutely decompensated/near arrest patient) **or synchronized cardioversion** : 100 J, may repeat at 200 J, 300 J , 360 J for monophasic or equivalent for biphasic. **Versed (midazolam) 2mg slow IVP or Valium (diazepam) 5 mg** slow IVP for sedation if patient is awake. May repeat to a maximum of 10 mg. Consult Medical Control for subsequent doses.

__Upon successful cardioversion, or if cardioversion fails consult Medical Control for use of **Lidocaine** 1-1.5 mg/kg IV, Repeat 0.5 to 0.75 mg/kg IV **Lidocaine** in 5 - 10 min. to a max total dose of 3 mg/kg at Medical Control discretion.

Medical Control Contact Criteria

__ For subsequent doses of Versed or Valium

__ For permission to administer Lidocaine

Documentation of adherence to protocol:

__ Stability documented (chart contains the word "stable" or "unstable")

__ Stable patients that receive **Lidocaine** per Medical Control direction

__ Unstable patients that receive **cardioversion**

PRECAUTIONS AND COMMENTS

- A widened QRS complex is defined as greater than or equal to 0.12 seconds.
- A wide complex tachycardia is most often ventricular in origin but may be supraventricular tachycardia with aberrant conduction.
- 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, parasthesias or altered mental status.