

CARDIAC EMERGENCIES

Ventricular Tachycardia with Pulses C6

VENTRICULAR TACHYCARDIA WITH PULSES: STABLE

1. Ensure a patent airway
 - **OXYGEN** - high flow. Be prepared to support ventilation as needed.
2. **IV ACCESS TKO**
3. **CARDIAC MONITOR** – record continuous strip during therapy.
4. **12-LEAD ECG** if patient without distress.
5. **AMIODARONE** 150 mg IV over 10 minutes (intermittent IV push or IV infusion of 15 mg/min)
6. Repeat **12-LEAD ECG** post-conversion if patient condition permits.
7. If rhythm persists and patient remains stable, consider repeat **AMIODARONE** 150 mg IV over 10 minutes (intermittent IV push or IV infusion of 15mg/min). If unstable, treat as unstable Ventricular Tachycardia.
8. **Contact Base Hospital if any questions or if additional therapy is required**

VENTRICULAR TACHYCARDIA WITH PULSES: UNSTABLE

Signs of poor perfusion, chest pain, dyspnea, blood pressure less than 90, or CHF.

1. Ensure a patent airway
 - **OXYGEN** - high flow. Be prepared to support ventilation as needed.
2. **IV ACCESS TKO**
3. **CARDIAC MONITOR** – run and record continuous strip during therapy.
4. Prepare for **SYNCHRONIZED CARDIOVERSION**. If awake and aware, sedation with **MIDAZOLAM** - initial dose 1mg, titrate in 1-2 mg increments (maximum dose 5mg).
 - **SYNCHRONIZED CARDIOVERSION** 100 joules (low energy setting – 75 W/S)
 - **SYNCHRONIZED CARDIOVERSION** 200 joules (low energy setting – 120 W/S)
 - **SYNCHRONIZED CARDIOVERSION** 300 joules (low energy setting – 150 W/S)
 - **SYNCHRONIZED CARDIOVERSION** 360 joules (low energy setting – 200 W/S)
5. **12-LEAD ECG** if patient converts and condition permits
6. If Ventricular Tachycardia recurs, **SYNCHRONIZED CARDIOVERSION** (use lowest energy level previously successful)
7. **Contact Base Hospital if any questions or if additional therapy is required**