



# Wide-Complex Tachycardia

FIELD TREATMENT GUIDELINE C-05

INDICATION	<p>Stable or unstable patient presenting with a wide-complex tachycardia:</p> <ul style="list-style-type: none"> <li>QRS <math>\geq</math> 0.12 seconds as documented in two (2) leads. Rate is typically regular, but may be irregular.</li> </ul>
BLS	<ul style="list-style-type: none"> <li>Follow <a href="#">General Medical Care M-01</a>.</li> <li><a href="#">12-Lead ECG BP-03</a>.</li> </ul>
ALS	<p><b>STABLE:</b> Systolic blood pressure above 90 mmHg in the absence of chest pain, shortness of breath, or acutely altered mental status.</p> <ul style="list-style-type: none"> <li><a href="#">Amiodarone</a>: <i>Adult:</i> 150 mg IV/IO, infuse over 10 minutes. If dysrhythmia continues, may repeat once in 10 minutes.</li> </ul> <p><b>UNSTABLE :</b> Systolic blood pressure below 90 mmHg or chest pain, shortness of breath, or acutely altered mental status.</p> <ul style="list-style-type: none"> <li>Synchronized Cardioversion: <ul style="list-style-type: none"> <li>Consider <a href="#">Sedation AP-14</a> if patient is awake and aware.</li> <li>Initial energy setting: 100J</li> <li>If no response: 200J</li> <li>If no response: 300J</li> <li>If no response: 360J</li> </ul> </li> <li>Contact base hospital for consideration of additional therapy (i.e. extended transport times requiring ongoing amiodarone infusion).</li> </ul>
KEY CONCEPTS	<ul style="list-style-type: none"> <li>Rhythm analysis should be based on review of printed ECG strip, not monitor screen or computerized readout of 12-lead ECG.</li> <li>Caution with administration of amiodarone. Rapid infusion may cause hypotension.</li> <li>Amiodarone should not be used in unstable patients. This includes hypotensive patients.</li> <li>Amiodarone should not be administered to patients experiencing ventricular ectopy. Use of amiodarone should be restricted to ventricular tachycardia.</li> </ul>