EL DORADO COUNTY EMS AGENCY PREHOSPITAL PROTOCOLS

Effective: July 1, 2015
Reviewed: July 1, 2021
Revised: March 1, 2023

Scope: BLS/ALS- Adult/Pediatric

EMS Agency Medical Director

NARROW COMPLEX TACHYCARDIA - ADULT

PROTOCOL PROCEDURE: Flow of protocol presumes that narrow complex tachycardia is continuing. If response or condition changes, move between stable and unstable section or refer to appropriate protocol. Rate-related symptoms are uncommon in rates < 1.50 BPM.

Basic Life Support

EMT

ABCs / ROUTINE MEDICAL CARE -

- Assess airway and support ventilation with appropriate airway adjuncts as indicated.
- Apply oxygen if pulse oximetry <94% or signs of hypoperfusion or respiratory distress
- Place patient in position of comfort.

Advanced Life Support

Paramedic

STABLE

(GCS 15; SBP greater than 100; /DYSPNEA)

Attempt Valsalva

Establish IV administer 250 mL fluid bolus(es)

Regular Rhythm

Adenosine 6 mg rapid IVP w/10 mL flush

If 1st dose unsuccessful: Repeat with 12 mg rapid IVP w/10 mL flush(Max total of 18mg)

Irregular Rhythm

Monitor patient

Move to unstable section if patient condition deteriorates

UNSTABLE

(GCS less than 14; SBP less than 100; <u>SEVERE</u> CHEST PAIN/DYSPNEA)

*If patient is awake **consider sedation** with Versed 2.5 mg IV/IO push q 5 min or5 mg IN/IM.

Do not delay cardioversion if patient is unresponsive

Establish IV/IO (If time allows)

Regular Rhythm

Synchronized Cardioversion: 50-100 J, If no conversion: 120→150→200J

Irregular Rhythm

Synchronized Cardioversion: 120J, If no conversion: 150→200J

Contact Base

(Consider transmitting 12 lead, if equipped)

NARROW COMPLEX TACHYCARDIA - PEDIATRIC

PROTOCOL PROCEDURE: Flow of protocol presumes that narrow complex tachycardia is continuing. If response or condition changes, move between stable and unstable section or refer to appropriate protocol. Supraventricular tachycardia is heart rate > 220 in infants < 1 yo and > 180 in children.

Basic Life Support

EMT

ABCs / ROUTINE MEDICAL CARE -

- Assess airway and support ventilation with appropriate airway adjuncts as indicated.
- Apply oxygen if pulse oximetry <94% or signs of hypoperfusion or respiratory distress
- Place patient in position of comfort

Advanced Life Support

Paramedic

STABLE

(GC\$ 14 or greater; ADEQUATE PERFUSION; NO SEVERE CHEST PAIN/DYSPNEA)

Attempt Valsalva/Ice Pack

Establish IV administer 20 mL/kg fluid bolus(es)

Regular Rhythm

Adenosine
0.1 mg/kg rapid IVP w/5 mL flush
(Max. 6 mg)

If 1st dose unsuccessful:
Repeat with 0.2 mg/kg rapid IVP w/5 mL flush
(Max of 0.3 mg/kg)
(Max 12 mg)

<u>Irregular Rhythm</u>

Monitor patient

Move to unstable section if patient condition deteriorates

UNSTABLE

(GCS less than14; INADEQUATE PERFUSION; SEVERE CHEST PAIN/DYSPNEA)

If patient is alert:

Consider sedation with Versed 0.1 mg/kg diluted in 5 mL NS slow IV/IO push or 0.1 mg/kg IM or IN.

Do not delay cardioversion if patient is unresponsive

Establish IV/IO (If time allows)

Synchronized Cardioversion: 0.5-1 J/kg. Repeat as needed at 2 J/kg

Contact Base

(Consider transmitting 12 lead, if equipped)