

Assess if the heart rhythm is appropriate for the patient's condition.  
Heart rates above 150 beats per minute (bpm) should generally be treated.

Search for and treat the cause.

Monitor:	Provide as needed:
• Heart rhythm	• Maintain an open airway
• Oxymetry	• Give oxygen
• Blood pressure	

Perform synchronized cardioversion:  
start with:

*Narrow regular:* give 50-100 J.  
*Narrow irregular:* give 120-200 J biphasic or 200 J monophasic.  
*Wide regular:* give 100 J.  
*Wide irregular:* defibrillate (not synchronized).  
 Consider providing sedation.  
*For regular narrow complex:* consider giving adenosine.  
 1st dose: 6 mg IV/IO push with NS flush.  
 2nd dose: 12 mg IV/IO push with NS flush.

Is the Tachyarrhythmia persistent and symptomatic?

- Low blood pressure
- Change in mental status
- Chest pain
- Heart failure

No

Yes

Wide QRS complex  $\geq 0.12$  seconds

Yes

No

Provide IV access.  
 Obtain a 12-lead ECG if available.  
 Perform vagal maneuvers.  
*If rhythm is regular:*  
 Give adenosine.  
 1st dose: 6 mg IV/IO push with NS flush.  
 2nd dose: 12 mg IV/IO push with NS flush.

Consider giving calcium channel blockers.  
 Consider giving beta blockers.  
 Consider requesting expert consultation.

Provide IV access.  
 Obtain a 12-lead EKG if available.  
*If rhythm is regular and monomorphic:*  
 Give adenosine.  
 1st dose: 6 mg IV/IO push with NS flush.  
 2nd dose: 12 mg IV/IO push with NS flush.

*If there is no prolonged QT or CHF:*  
 Consider a procainamide infusion.  
 Infuse at 20-50 mg/min IV/IO with a maximum dose of 17 mg/kg.  
 continue procainamide infusion until:

- rhythm converts.
- administration results in hypotension.
- QRS complex duration rises >50%.

Maintenance infusion rate is 1-4 mg/min.

Consider giving amiodarone.  
 1st dose: 150 mg IV/IO over 10 minutes.  
 Repeat if VT reoccurs.  
 Follow with a maintenance infusion:  
 1 mg/min for following 6 hours.  
*If there is no prolonged QT:*  
 Consider giving Sotalol:  
 Infuse 100 mg (1.5 mg/kg) IV/IO over 5 minutes.  
 Consider requesting expert consultation.