



EMSA-Intermediate Treatment Protocol 5209

Dysrhythmia with a Pulse Ventricular Tachycardia (Wide Complex)

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Ventricular tachycardia is a wide complex rhythm with a rate usually <150 but >100 bpm. Occasionally the rate may be >150, and these patients typically deteriorate rapidly. For the purposes of this protocol, treatment will be based on assessment of patient's blood pressure and mental status. Cardioversion will be performed in the field only if the patient has a systolic blood pressure <90 and a decreased level of consciousness.

- A. Perform **MAMP Protocol 5201**.
- B. Assess level of consciousness and blood pressure.

C. As soon as rhythm is identified and patient is found to have a systolic blood pressure <90 and a significantly decreased level of consciousness, **contact MCP** and proceed to Section "F" below and prepare for immediate cardioversion. Do not delay cardioversion to establish IV.



D. If patient's systolic BP >90, **contact MCP** for authorization to:

- 1. Administer lidocaine 0.5 to 0.75 mg/kg slow IV. Reassess vital signs.
- 2. If no conversion, repeat lidocaine 0.5 to 0.75 mg/kg slow IV. Reassess vital signs.



- 3. If no conversion, expedite transport and **consult Medical Command**.
- 4. If **ordered by Medical Command**, continue lidocaine 0.5 to 0.75 mg/kg slow IV every 5 to 10 minutes to total maximum dose of 3 mg/kg.



5. Transport.

E. If systolic BP <90 **and** patient is awake and alert:

- 1. Expedite transport and treat as in "D" above.
- 2. Monitor vital signs and mental status closely for changes.



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F. If systolic BP <90 **and** patient has significantly decreased level of consciousness, **contact MCP** for authorization to:

1. Synchronized cardioversion at 100 joules or equivalent biphasic charge.
2. If no conversion, repeat synchronized cardioversion at 200 joules or equivalent biphasic charge.
3. If no conversion, synchronized cardioversion at 300 joules or equivalent biphasic charge.
4. If no conversion, synchronized cardioversion at 360 joules or equivalent biphasic charge.



5. If no conversion, establish IV normal saline and administer lidocaine 0.5 to 0.75 mg/kg slow IV **per order of MCP**.



6. If no conversion, further treatment **per order of MCP order**.



G. If conversion occurs:

1. Initiate lidocaine infusion at 2 mg/min IV drip, **per order of MCP**.



2. Monitor vital signs and treat new rhythm per appropriate protocol.

3. Transport and notify Medical Command.

4. Adjust lidocaine drip at 1 to 4 mg/min **by order of Medical Command**.



Special Note: If at anytime patient does not have a pulse, refer to **Cardiac Arrest Protocol 5205**.