



EMSA-Intermediate Treatment Protocol 5212

Dysrhythmia with a Pulse Ventricular Ectopy

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Treatment is usually not indicated for ventricular ectopy (PVC's). In rare circumstances, if the patient is symptomatic, the MCP may decide to treat the ventricular ectopy if more than 6 PVC's per minute, multifocal, bigeminy, or couplets are present and with no evidence of second or third degree heart blocks or bundle branch block (widened QRS).

- A. Perform **MAMP Protocol 5201**.
- B. Common causes of ventricular ectopy include hypoxia and CHF, therefore, aggressive airway management and oxygenation may make further treatment unnecessary.
- C. If chest pain and/or acute coronary syndrome symptoms, go to **Chest Pain Protocol 5202**.
- D. If rhythm is bradycardia, go to **Symptomatic Bradycardia Protocol 5211** first.

- E. **Contact Medical Command** and prepare for transport.



- F. **If ordered by MCP :**

1. Administer lidocaine 1.0 mg/kg IV. Repeat at 0.5 to 0.75 mg/kg IV every 5 to 10 minutes until ectopy is suppressed or maximum total dose of 3 mg/kg.
2. If ectopy is suppressed, initiate lidocaine infusion at 1 to 4 mg per minute **per MCP order**.



- G. Transport.