Ventricular Tachycardia with Pulse

**Patient Care Goals:**
1. Maintain adequate oxygenation, ventilation, and perfusion
2. Restore regular sinus rhythm, correct rhythm disturbance if unstable
3. Search for underlying cause (medications, drugs, CHF, history of dysrhythmia)

**Patient Presentation:**
May present with symptoms such as palpitations, dyspnea, chest pain, syncope, near syncope, hemodynamic instability, altered mental status

**Inclusion Criteria:**
- Heart rate >150 in adults

**Exclusion Criteria:**
- Sinus tachycardia

**Adenosine:**
- 12mg IV followed immediately by rapid 10ml flush of NSS. May repeat one additional dose if no improvement within 5 minutes.

**Amiodarone:**
- 150mg IV over 10 minutes.

**Synchronized Cardioversion:**
- 100J initially, 150J for subsequent doses.

**Sedation/Analgesia PRN stability:**
- Midazolam 0.1mg/kg max of 2mg
- Fentanyl 0.5 to 1mcg/kg max of 100mcg

**Quality Improvement:**
- Key Documentation Elements:
  1. Heart rate and rhythm changes
  2. Interventions
  3. Mental status or signs of instability

**Patient Safety Considerations**
- Routine use of lights and sirens is not recommended during transport unless hemodynamically unstable

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Assess appropriateness for clinical condition
- Heart rate typically >150/min if tachycardia

NIO access and 12-lead ECG

Persistent tachycardia causing:
- Hypotension?
- Acutely altered mental status?
- Signs of shock?
- Ischemic chest discomfort?
- Acute heart failure?

Yes → Synchronized cardioversion

Consider sedation/analgesia prior

No → Wide QRS

- Yes → Adenosine if regular and monomorphic
- Ambidronate if irregular or polymorphic

- No → Vagal maneuvers (not carotid)
- Adenosine if regular and monomorphic

OLMC if patient does not improve to above therapy

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