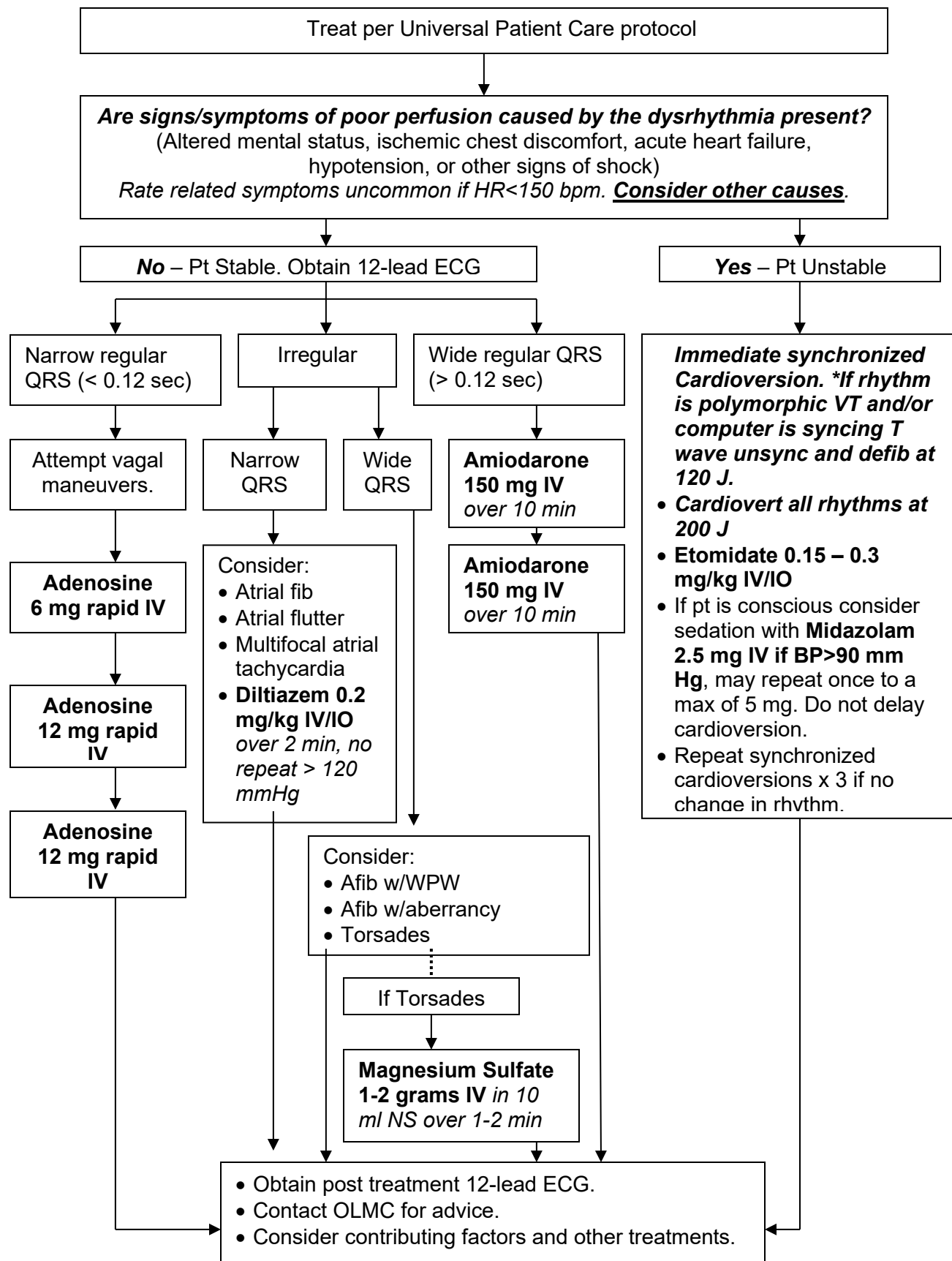
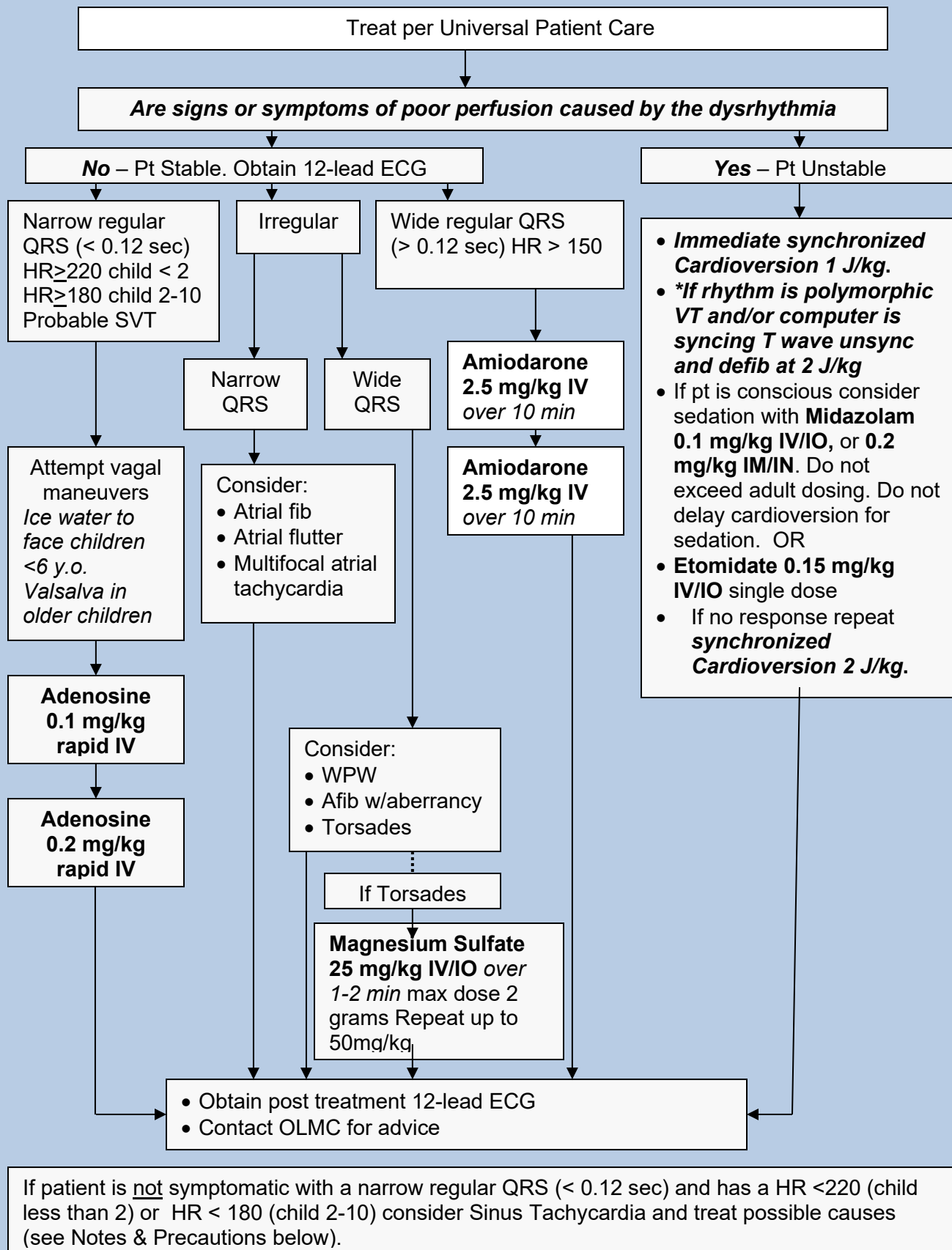


Cardiac Dysrhythmias (Tachycardia) – 10.062



Cardiac Dysrhythmias (Tachycardia) – 10.062

PEDIATRIC PATIENTS:



Cardiac Dysrhythmias (Tachycardia) – 10.062

NOTES & PRECAUTIONS:

- A. In Afib RVR, if the patient is asymptomatic or minimally symptomatic with a normal blood pressure, the tachycardia likely does not require treatment in the field. Continue to monitor the patient for changes and transport expeditiously. The acceptable upper limit for heart rate for sinus tachycardia is 220 minus the patient's age.
- B. Do not give Diltiazem if the patient's systolic blood pressure is less than 120 mmHg.
- C. In pregnancy with stable wide complex tachycardia use cardioversion. Amiodarone is associated with multiple birth defects.
- D. In stable wide complex tachycardia, which is monomorphic, consider Adenosine if SVT with aberrancy is suspected.
- E. If the patient is asymptomatic, tachycardia may not require treatment in the field. Continue to monitor the patient for changes during transport. The acceptable upper limit for heart rate for sinus tachycardia is 220 minus the patient's age.
- F. Other possible causes of tachycardia include:
 - 1. Acidosis
 - 2. Hypovolemia
 - 3. Hyperthermia/fever
 - 4. Hypoxia
 - 5. Hypo/Hyperkalemia
 - 6. Hypoglycemia
 - 7. Infection
 - 8. Pulmonary embolus
 - 9. Tamponade
 - 10. Toxic exposure
 - 11. Tension pneumothorax
- G. If pulseless arrest develops, follow Cardiac Arrest protocol.
- H. Patients with atrial fibrillation duration of >48 hrs are at increased risk for cardioembolic events. Electric or pharmacologic cardioversion should not be attempted unless patient is unstable. Contact OLMC.
- I. Set synchronized cardioversion to 200 J in adults.
- J. Prolonged QT syndrome can lead to Torsades.
- K. If suspected Afib w/ WPW use electrical therapy. See example below.

KEY CONSIDERATIONS:

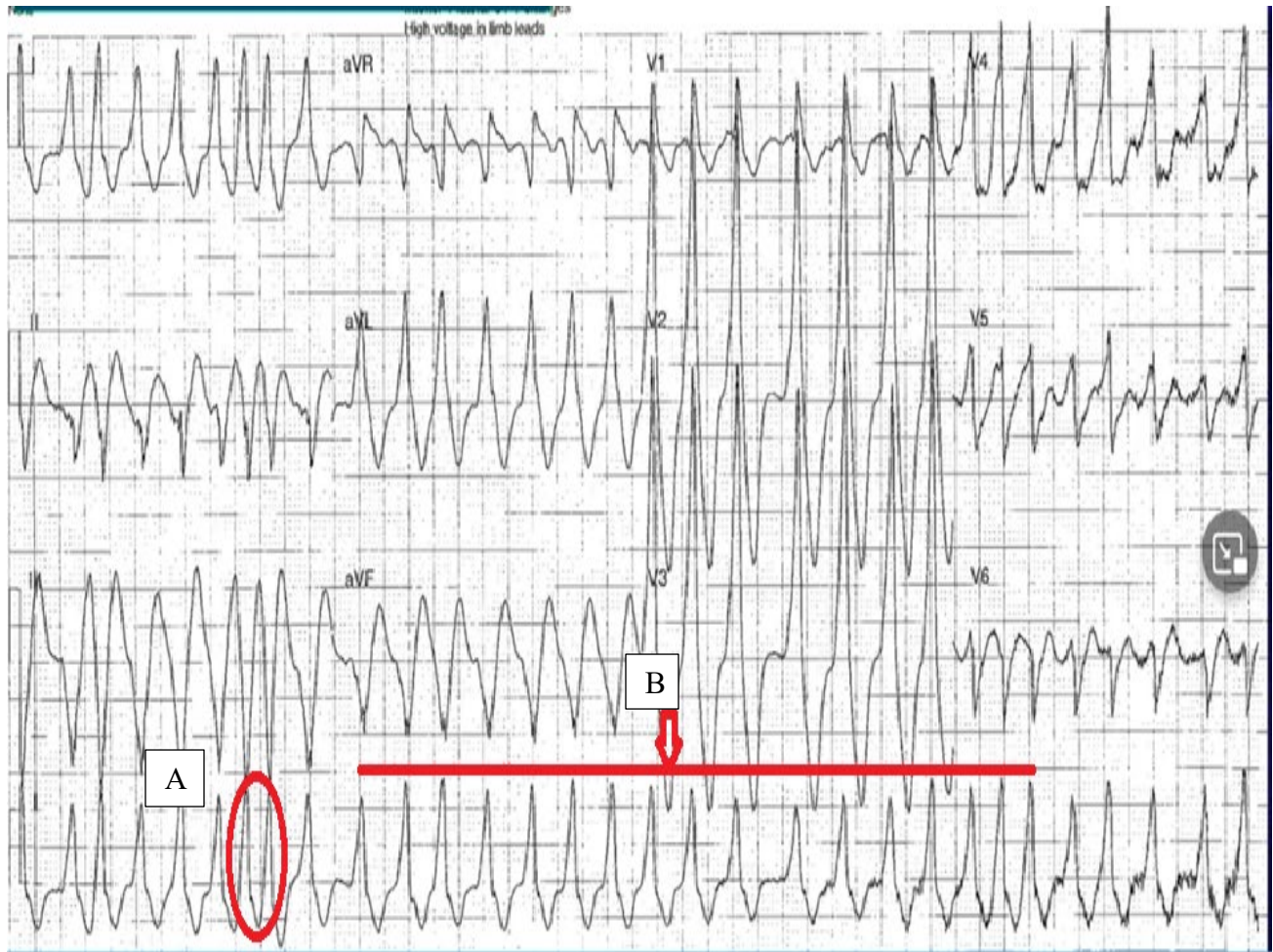
Medical history, medications, shortness of breath, angina or chest pain, palpitations, speed of onset

HEART MONITOR ADULT SYNCHRONOUS CARIOVERSION SETTINGS

- A. Zoll – 200j

Cardiac Dysrhythmias (Tachycardia) – 10.062

Afib w/ WPW-



- A. Rates approaching 280- 300 at points.
- B. **Wide complex tachycardia** irregularly irregular w changing morphologies.
- C. **Treat with cardioversion,**