



McLean County Area EMS System

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CARDIAC PROTOCOL WIDE COMPLEX TACHYCARDIA VENTRICULAR TACHYCARDIA WITH PULSE STABLE PATIENT

F.R.

Follow Routine Cardiac Care SMO

BLS:

1. Continue First Responder Care
2. Follow Routine Cardiac Care SMO

ILS

1. Routine Cardiac Care SMO
2. If unstable, proceed to Tachycardia (rate greater than 150), see Unstable Patient protocol
3. Lidocaine 1.0 - 1.5 mg/kg bolus IV
- *4. Lidocaine, 0.5-0.75 mg/kg every 5-10 minutes until V-Tach resolves or a total dose of 3 mg/kg has been given
- **5. Adenosine 6 mg rapid IV push over 1-3 seconds¹
- **6. Adenosine 12 mg rapid IV push over 1-3 seconds¹
7. Transport ALS, if available, otherwise request ALS intercept
- **8. Consider cardioversion if tachycardia is unresolved

ALS

1. Continue ILS Care
2. Adenosine 6 mg rapid IV push over 1-3 seconds
3. Adenosine 12 mg rapid IV push over 1-3 seconds
- **4. Consider cardioversion if tachycardia is unresolved

NOTES:

- A. Unstable: Decreased level of consciousness, hypotensive, chest pain, shortness of breath, pulmonary congestion, congestive heart failure or acute myocardial infarction.
- B. If rhythm resolves after Lidocaine bolus, start Lidocaine infusion at 2-4 mg/min.
- C. Maintenance dose of LIDOCAINE should be reduced by 50% for patient older than 70 years of age or patients with history of hepatic disease.
- D. Adenosine must be immediately and rapidly flushed with a 20-30 ml bolus of saline.