

Southeast Michigan Regional Protocol

Genesee, HEMS (Wayne), Lapeer, Macomb, Oakland, and Washtenaw/Livingston MCA's

Narrow Complex Tachycardia

A guideline for the care of patients with narrow complex tachycardia with a ventricular rate greater than 150/minute. SYNCHRONIZED CARディオVERSION PRECEDES DRUG THERAPY FOR HEMODYNAMICALLY UNSTABLE PATIENTS. Unstable patients may be defined as those suffering a narrow complex tachycardia with: chest pain, shortness of breath, decreased level of consciousness, hypotension, shock, or pulmonary edema. Adenosine is only used for regular rhythm tachycardia.

Pre-Radio

PARAMEDIC

1. Follow the General Pre-Hospital Care Protocol.
2. If time and condition allow, administer Fentanyl 1 mcg/kg IV prior to cardioversion.
3. If the patient is unstable or becomes unstable, cardiovert immediately beginning at 100 J, increasing to 200 J, 300 J, 360 J. For a biphasic device start at 100J, increasing to 150 J, 200 J.
4. Start an IV NS KVO. A large bore antecubital IV should be secured whenever possible.
5. DO NOT USE CAROTID MASSAGE. Have the patient attempt a valsalva maneuver.
6. If the rhythm is regular, administer Adenosine (Adenocard) 6 mg rapid IV over 1-3 seconds through the most proximal injection site. This should be followed immediately with 20 ml NS flush. Fluids should be administered at wide-open rate during the administration of Adenosine (Adenocard).
7. If conversion does not occur, administer Adenosine (Adenocard) 12 mg IV using the same technique as stated above. May repeat 12 mg dose once.