

VENTRICULAR TACHYCARDIA WITH PULSES											
ADULT	PEDIATRIC (≤34KG)										
<b>BLS</b>											
<ul style="list-style-type: none"> <li>• Universal Protocol #601</li> <li>• Pulse Oximetry                             <ul style="list-style-type: none"> <li>○ O<sub>2</sub> administration per Airway Management Protocol #602</li> </ul> </li> </ul>	Same as Adult										
<b>ALS Standing Orders</b>											
<p style="text-align: center;"><b>Stable</b></p> <ul style="list-style-type: none"> <li>• Lidocaine 1.5 mg/kg IV                             <ul style="list-style-type: none"> <li>○ Repeat 0.75 mg/kg every 5-10 min (max total dose 3 mg/kg)</li> </ul> </li> </ul> <p style="text-align: center;"><b>Unstable</b></p> <ul style="list-style-type: none"> <li>• Consider Midazolam up to 2 mg slow IV or 5 mg IN (split into two doses 2.5 mg each nostril) to pre-medicate</li> <li>• Synchronized/Unsynchronized cardioversion sequences (see notes)</li> <li>• Unresponsive to previous therapy                             <ul style="list-style-type: none"> <li>○ Lidocaine 1.5 mg/kg IV                                     <ul style="list-style-type: none"> <li>○ May repeat 0.75 mg/kg every 5-10 min (max total dose 3 mg/kg)</li> </ul> </li> </ul> </li> </ul>	<p style="text-align: center;"><b>Stable</b></p> <ul style="list-style-type: none"> <li>• Lidocaine 1 mg/kg IV                             <ul style="list-style-type: none"> <li>○ Repeat 0.5 mg/kg every 5-10 min (max total dose 3 mg/kg)</li> </ul> </li> </ul> <p style="text-align: center;"><b>Unstable</b></p> <ul style="list-style-type: none"> <li>• Synchronized/Unsynchronized cardioversion sequences (see notes)</li> <li>• Midazolam 0.1 mg/kg IV/IN not to exceed 2 mg to pre-medicate prior to cardioversion</li> <li>• Unresponsive to previous therapy</li> <li>• Lidocaine 1 mg/kg IV                             <ul style="list-style-type: none"> <li>○ Repeat 0.5 mg/kg every 5-10 min (max total dose 3 mg/kg)</li> </ul> </li> </ul>										
<b>Base Hospital Orders Only</b>											
<ul style="list-style-type: none"> <li>• Lidocaine post conversion or for potentially malignant PVCs</li> <li>• As needed</li> </ul>	<ul style="list-style-type: none"> <li>• Lidocaine post conversion</li> <li>• As needed</li> </ul>										
<b>Notes</b>											
<ul style="list-style-type: none"> <li>• Obtain a 12-lead ECG before and after conversion, if possible</li> <li>• Vascular access may be omitted prior to cardioversion if in extremis</li> <li>• QRS ≥ 0.12 seconds typical for VT in adults</li> <li>• QRS ≥ 0.09 seconds typical for VT in pediatrics</li> <li>• Malignant PVCs – that may pose heightened risk of precipitating sustained dysrhythmias: short coupling interval &lt;0.3 sec, multifocal, couplets, frequent occurrence</li> <li>• Irregular Wide-complex tachycardia (Torsade’s de Pointes) requires unsynchronized cardioversion</li> <li>• Synchronized/Unsynchronized Sequences (if synchronized mode is unable to capture use unsynchronized cardioversion)</li> <li>• Use manufacturer recommended energy settings if different from below</li> </ul> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>ADULT</th> <th>PEDIATRIC</th> </tr> </thead> <tbody> <tr> <td>100 J</td> <td>1 J/kg</td> </tr> <tr> <td>120 J*</td> <td>2 J/kg</td> </tr> <tr> <td>150 J</td> <td>2 J/kg</td> </tr> <tr> <td>200 J</td> <td></td> </tr> </tbody> </table>		ADULT	PEDIATRIC	100 J	1 J/kg	120 J*	2 J/kg	150 J	2 J/kg	200 J	
ADULT	PEDIATRIC										
100 J	1 J/kg										
120 J*	2 J/kg										
150 J	2 J/kg										
200 J											
(*start at 120J unsynchronized in adult patients with Torsade’s de Pointes)											