

VENTRICULAR TACHYCARDIA WITH PULSES	
ADULT	PEDIATRIC (≤34 KG)
BLS	
<ul style="list-style-type: none"> • Universal Protocol #601 • Pulse Oximetry <ul style="list-style-type: none"> • O2 administration per Airway Management Protocol #602 	Same as Adult
ALS	
<p style="text-align: center;">Stable</p> <ul style="list-style-type: none"> • Amiodarone 150mg IV/IO drip over 10 min; if rhythm persists after 5 min, administer a refractory dose of 150mg for a total of 300mg. • Using a 100cc bag of Normal Saline and macro tubing (10gtts/ml): add Amiodarone and mix well. Run at 1.5gtts/second. <p style="text-align: center;">Unstable</p> <ul style="list-style-type: none"> • Consider Midazolam up to 2mg slow IV or 5 mg IN (split into two doses 2.5 mg each nostril) to pre-medicate • Synchronized/Unsynchronized cardioversion sequences (see notes) • After first cardioversion: <ul style="list-style-type: none"> - Amiodarone 150mg IV/IO drip over 10 min; if rhythm persists after 5 min, administer a refractory dose of 150mg for a total of 300mg. 	<p style="text-align: center;">Stable</p> <ul style="list-style-type: none"> • Amiodarone 5mg/kg IV/IO drip over 30 minutes. • Using a 100cc bag of Normal Saline and macro drip tubing (10gtts/ml): add Amiodarone and mix well. Run at 1gtt every 2 seconds. <p style="text-align: center;">Unstable</p> <ul style="list-style-type: none"> • Synchronized/Unsynchronized cardioversion sequences (see notes) • Midazolam 0.1 mg/kg IV/IN not to exceed 2 mg to pre-medicate prior to cardioversion. • After first cardioversion: <ul style="list-style-type: none"> - Amiodarone 5mg/kg IV/IO drip over 30 minutes.
Base Hospital Orders Only	
<ul style="list-style-type: none"> • Additional Amiodarone • As needed 	<ul style="list-style-type: none"> • Additional Amiodarone • As needed
Notes	
<ul style="list-style-type: none"> • Obtain a 12-lead ECG before and after conversion, if possible. • Vascular access may be omitted prior to cardioversion if in extremis. • QRS ≥ 0.12 seconds typical for VT in adults • QRS ≥ 0.09 seconds typical for VT in pediatrics • Malignant PVCs – that may pose heightened risk of precipitating sustained dysrhythmias: short coupling interval <0.3 seconds, multifocal, couplets, and frequent occurrence, call base for possible Amiodarone. • Irregular Wide-complex tachycardia (Torsade’s de Pointes) requires unsynchronized cardioversion. • Synchronized/Unsynchronized Sequences (if synchronized mode is unable to capture use unsynchronized cardioversion) • Lidocaine may be substituted for Amiodarone with SLOEMSA authorization (Policy #205 Attachment C) when Amiodarone stock is unavailable. Refer to Lidocaine Formulary for dosages. 	

- While treating Ventricular Tachycardia with Pulses, only one antiarrhythmic may be given to one patient. ALS providers shall not switch between Amiodarone and Lidocaine for the treatment of Ventricular Fibrillation/Pulsating Ventricular Tachycardia.
- Use manufacturer recommended energy setting if different from below.

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)