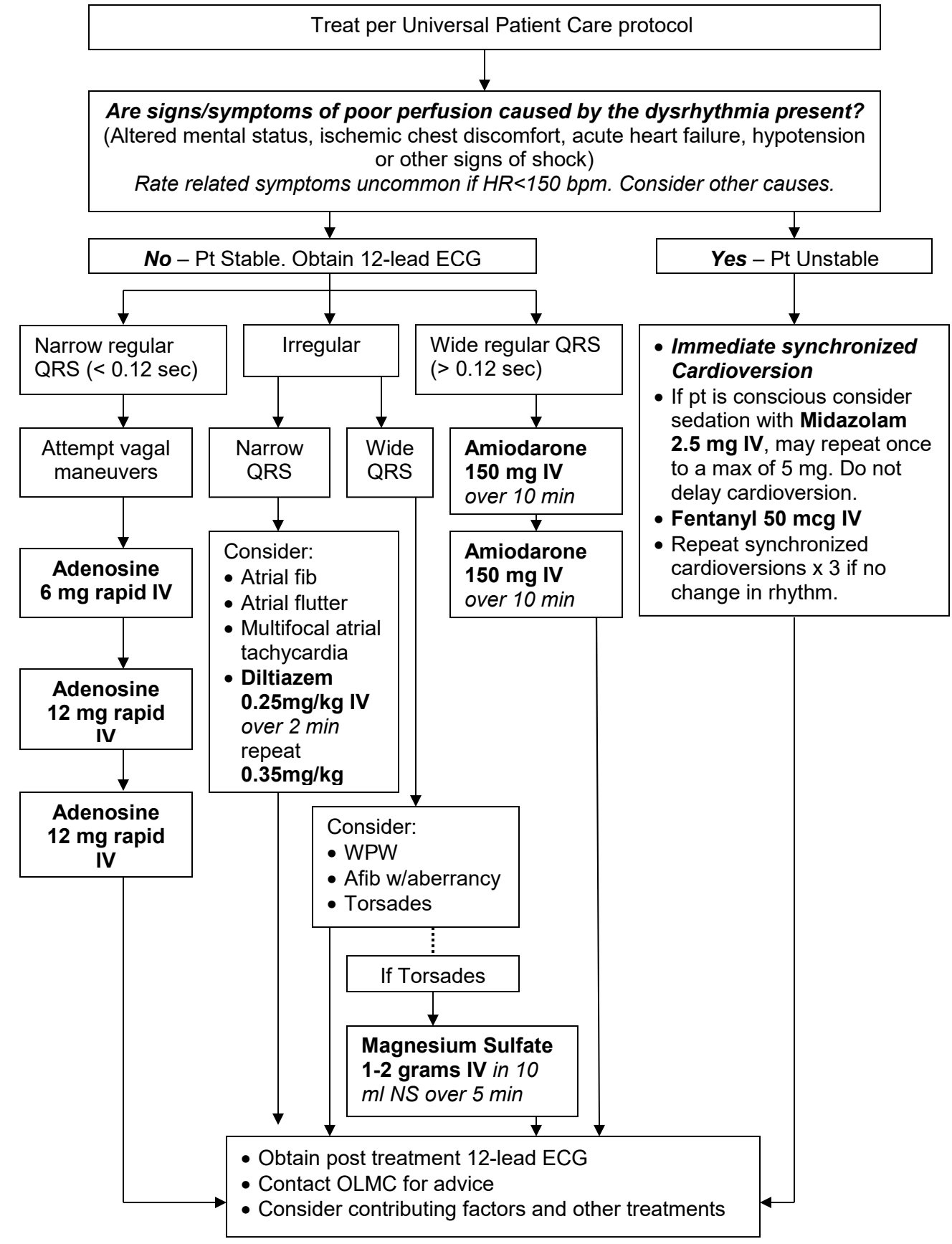
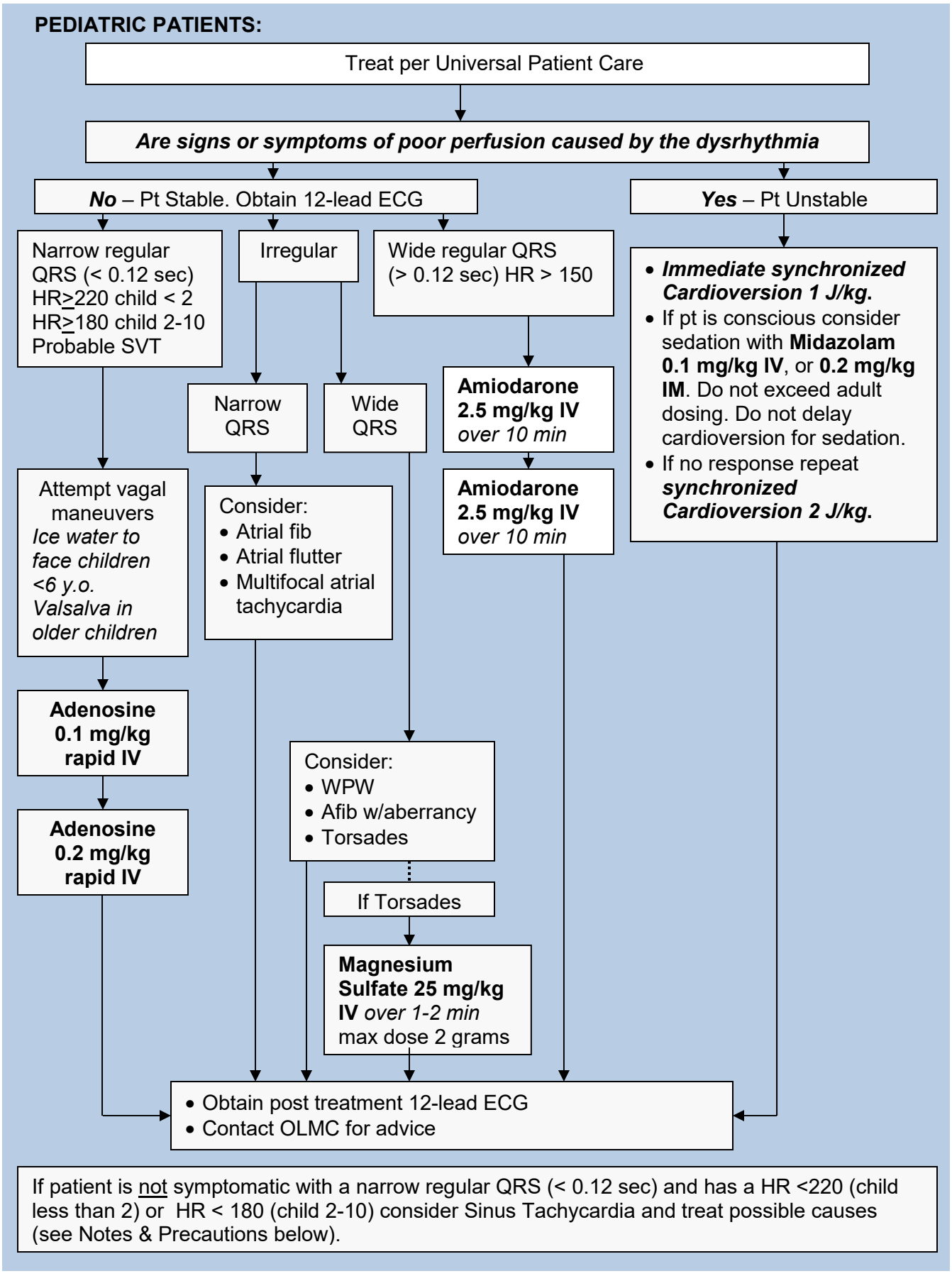
Cardiac Dysrhythmias (Tachycardia) – 10.060



Cardiac Dysrhythmias (Tachycardia) – 10.060



Cardiac Dysrhythmias (Tachycardia) – 10.060

NOTES & PRECAUTIONS:

A. In stable narrow irregular tachycardia, consider **Calcium Chloride 500 mg slow IV** before Diltiazem if systolic BP < 90 mmHg.
B. In stable wide complex tachycardia which is monomorphic, consider Adenosine if SVT with aberrancy is suspected.
C. 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.
D. 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
E. If pulseless arrest develops, follow Cardiac Arrest protocol.
F. 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.
G. During synchronized cardioversion of a regular narrow complex tachycardia set Zoll to 70 J. For atrial fibrillation and monomorphic VT start at 120 J. Increase dose as needed for conversion.

KEY CONSIDERATIONS:

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

HEART MONITOR ADULT SYNCHRONOUS CARDIOVERSION SETTINGS

A. Zoll – 70j, 120j, 150j, 200j