

Treatment Protocol

EMS AGENCY	Effective April 1, 2018	Expires March 31, 2019
Policy: Symptomatic Tachycardia with Pulses	Approval: Medical Director Reza Vaezazizi, MD	Signed for Mayon &
Applies To: PSP, EMT, AEMT, PM, MICN, BHP, EMS System	Approval: REMSA Director Bruce Barton	Signed

Enter from the Universal Patient Treatment Protocol

For specific Emergency Stabilization or Patient Management of Symptomatic Tachycardia with Pulses

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Pertinent Findings

Environment Drugs Medications Other substances Overdose Stress

History

PSVT or PAT Atrial-fib and/or flutter Wolff-Parkinson-White Ventricular tachycardia Medications

Override pacemaker / ICD Ablation, Heart surgery

Physical

Anxiety Chest tightness Palpitations, Tachycardia Hypotension Shortness of breath

Altered mental status Syncope

Differential

Hypoxia, Shock, AMI, Anaphylaxis, CHF, Congenital heart defect, Dehydration, Heat exhaustion, Heat stroke, Overdose, Poisoning, Pulmonary embolism, Sepsis, Thyrotoxic crisis, Wolff-Parkinson-White Syndrome, and more

Emergency Stabilization or Patient Management

0.9% Normal Saline IV/IO bolus As clinically indicated for shock See the REMSA Calculation Chart for concentration, and patient specific dosage and volume May repeat as clinically indicated

Consider differential causes of tachycardia while preparing for resuscitation

Valsalva Maneuver

For symptomatic supraventricular tachycardia (SVT) with pulses

May repeat as clinically indicated

Adenosine rapid IV/IO push

Flush immediately with 20 mL Normal Saline rapid IV/IO push

For symptomatic supraventricular tachycardia (SVT)

See the REMSA Calculation Chart for concentration, and patient specific dosage and volume

Repetition requires a base hospital order (BHO)

Pediatric administration requires a base hospital order (BHO)

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Emergency Stabilization or Patient Management (continued)

Midazolam slow IV/IO push or IM/IN

(may substitute Lorazepam slow IV/IO push or IM/IN, or Diazepam slow IV/IO push or IM)

As clinically indicated for amnesic effects prior to synchronized cardioversion

See the REMSA Calculation Chart for concentration, and patient specific dosage and volume

May repeat once

Further repetition requires a base hospital order (BHO)

Pediatric administration requires a base hospital order (BHO)

Administration of more than one benzodiazepine requires a base hospital physician order (BHPO)

Synchronized Cardioversion

For symptomatic supraventricular tachycardia (SVT) or ventricular tachycardia (VT) with pulses

See the REMSA Calculation Chart for patient specific energy settings for both initial and subsequent shocks May repeat as clinically indicated in adults

Pediatric application and repetition requires a base hospital order (BHO)

Contact a single REMSA authorized base hospital (BH) in all symptomatic tachycardia with pulses

Return to Universal Patient Treatment Protocol

For continuing Scene Management, Emergency Stabilization, Patient Disposition, or Patient Management

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***** ***** Base Hospital Orders ***** *****

Initiate, repeat, or modify standing orders within scope of practice

As ordered

For symptomatic tachycardia with pulses

Adenosine

As ordered

For symptomatic supraventricular tachycardia (SVT) in pediatrics

Amiodarone

As ordered

For symptomatic tachycardia with pulses

Lidocaine 2%

As ordered

For symptomatic tachycardia with pulses

Midazolam (may substitute Lorazepam or Diazepam)

As ordered

For amnesic effects prior to synchronized cardioversion in pediatrics

Synchronized Cardioversion

As ordered

For symptomatic supraventricular tachycardia (SVT) or ventricular tachycardia (V-tach) with pulses in pediatrics

Assess, clarify, monitor, treat within scope of practice, and determine or change disposition and/or destination As ordered

Mode of transport is an operational decision

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