

OPERATIONS: BLS/ALS TREATMENT PROTOCOLS

DATE: 03/08/12

SUBJECT: DYSRHYTHMIAS

POLICY NUMBER: 9180

<u>BLS</u>	<u>ALS</u>
Ensure patent airway/Monitor O2 saturation prn. Give oxygen Ventilate prn.	<p>Cardiac dysrhythmias are treated only if they are causing or have the potential to cause unstable condition or severe patient distress.</p> <p>Monitor ECG - if stable, obtain 12-lead if available; report results/Monitor O2 saturation prn.</p> <p>SO Establish IV TKO (Antecubital site and large bore are <u>required</u> for Adenosine Administration)</p> <p><u>SUPRAVENTRICULAR TACHYCARDIA (SVT)</u></p> <p>SO Valsalva's maneuver</p> <p>SO Adenosine 6 mg IV followed immediately by 20 ml NS IV</p> <p>BH If no response, may repeat after 3-5 minutes Adenosine 12 mg IV followed immediately by 20 ml NS IV</p> <p><u>ATRIAL FIBRILLATION / ATRIAL FLUTTER STABLE</u></p> <p>BH CaCL 10% 5 mL slow IV (if BP < 100 systolic)</p> <p>BH Verapamil 5 mg slow (over 2-3 minutes) IV; may repeat to max 15 mg in 30 min. per BH titrate medication administration to a SBP >90 mmHg</p> <p><u>UNSTABLE</u> (chest pain, BP < 90 systolic, decreased LOC, CHF)</p> <p>BH Midazolam 1-2 mg slow IV (1 mg/min) prn. pre-cardioversion, may use Intra-Nasal administration; use with caution in SBP 80 - 90 mmHg</p> <p>BH Synchronized cardioversion at manufacturer's recommended energy dose; May repeat X 3 per BH</p> <p style="text-align: center;">NOTE PSVT and Atrial Flutter often respond to lower energy levels, start at 50 joules.</p>

OPERATIONS: BLS/ALS TREATMENT PROTOCOLS

DATE: 03/08/12

SUBJECT: DYSRHYTHMIAS (continued)

POLICY NUMBER: 9180

<u>BLS</u>	<u>ALS</u>
	<p><u>PEDIATRIC NOTE:</u></p> <p>If UNSTABLE SVT, additional signs of poor perfusion include cyanosis, mottled skin, delayed capillary refill, altered LOC, dyspnea, diminished or absent peripheral pulses with the following heart rates:</p> <ul style="list-style-type: none">Premie - 3 yrs > 240 bpm4 yrs or older > 200 bpm <p>Refer to Pediatric Drug Guide</p> <p>BHP Midazolam IVP prn. pre-cardioversion</p> <p>BHP Synchronized cardioversion at 1 J/kg; may repeat with 2 J/kg, 4 J/kg, 4 J/kg per BHP (Contraindicated if unable to deliver < 4 J/kg)</p>

APPROVAL:



Bruce E. Haynes, M.D.
EMS Medical Director