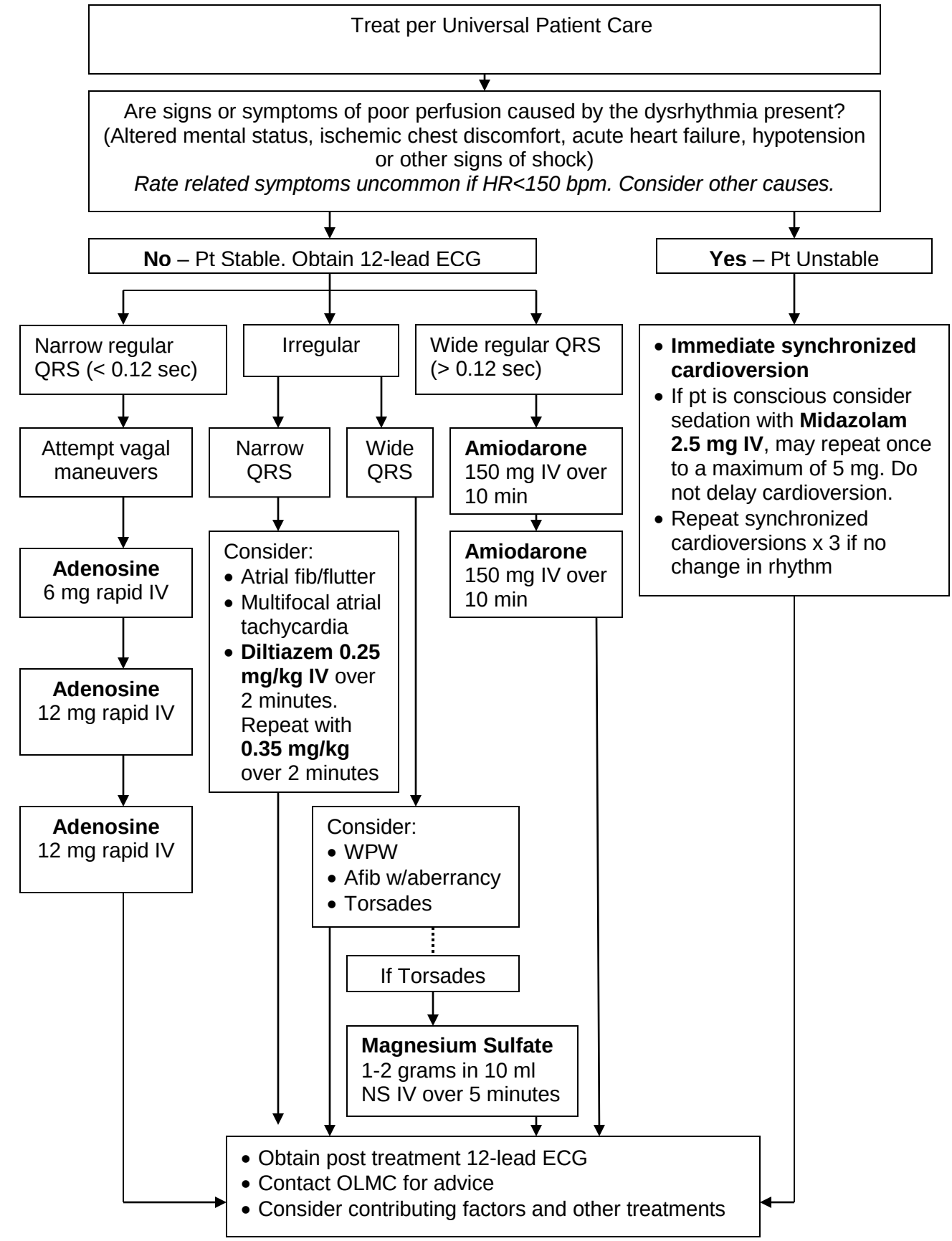
Cardiac Dysrhythmias (Tachycardia) – 10.061



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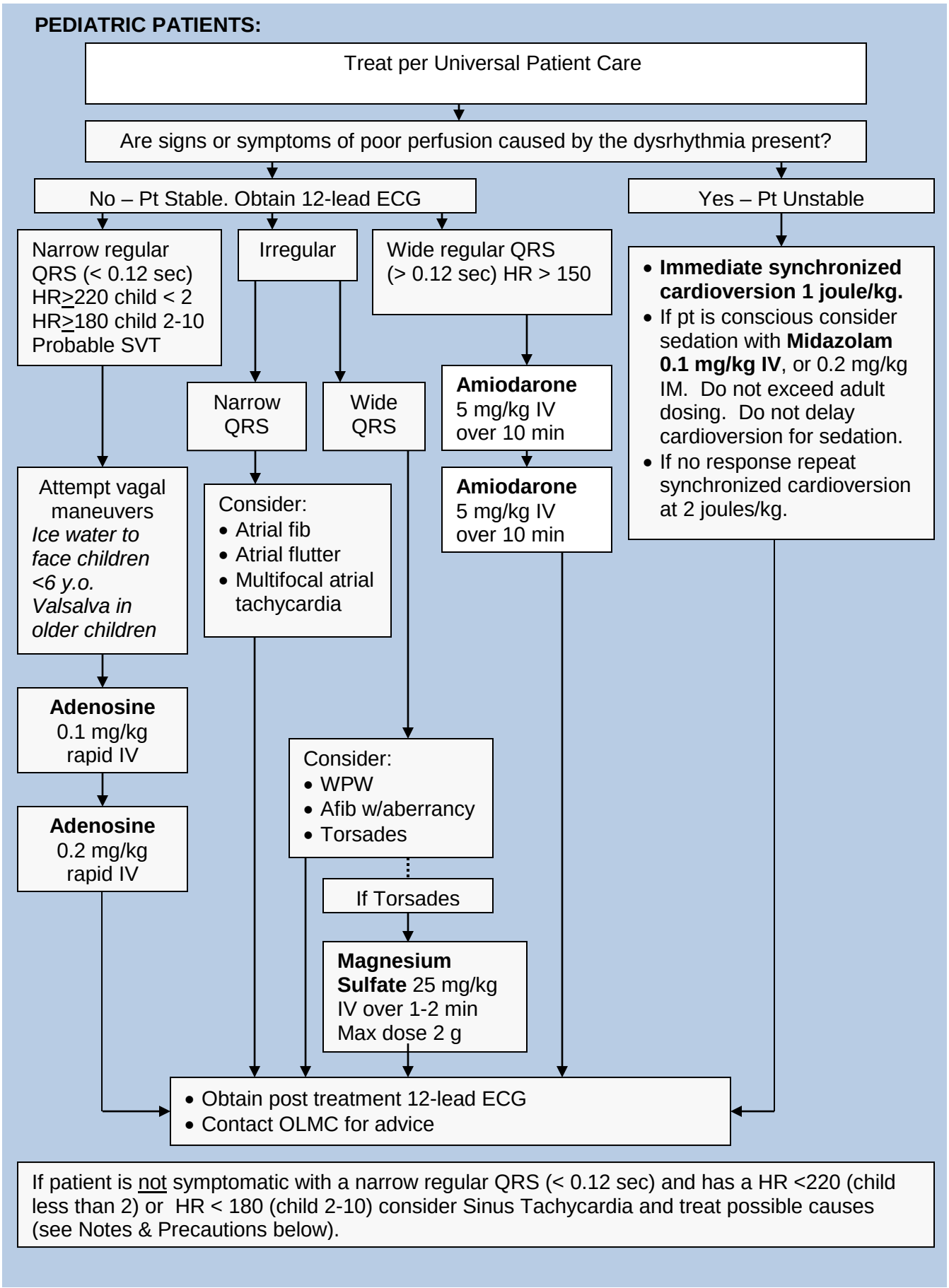

Cardiac Dysrhythmias (Tachycardia) – 10.061

NOTES & PRECAUTIONS:

A. In stable narrow complex irregular tachycardia, consider **Calcium Chloride 500 mg or Calcium Gluconate 1 gm slow IV/IO over 5 – 10 minutes** before Diltiazem if systolic BP < 90 mmHg. If patient is unstable at any time, perform synchronized cardioversion.
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. All doses of **Adenosine** should be reduced to one-half (50%) in the following clinical settings:
    1. History of cardiac transplantation.
    2. Patients who are on Carbamazepine (Tegretol) and Dipyridamole (Persantine, Aggrenox).
    3. Administration through any central line.
G. Adenosine should be given with caution to patients with asthma.
H. Patients with Atrial fibrillation duration of >48 hours are at increased risk for cardioembolic events. Electric or pharmacologic cardioversion should not be attempted unless patient is unstable. Contact OLMC.

KEY CONSIDERATIONS:

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

HEART MONITOR ADULT SYNCHRONOUS CARDIOVERSION SETTINGS

- **Medtronics Lifepak® – 100j, 200j, 300j, 360j**
- **Philips MRX® – 100j, 120J, 150J, 150J**
- **Zoll E-Series® – 70j, 120j, 150j, 200j**