Ventricular Tachycardia

History
- Past medical history / medications, diet, drugs.
- Syncope / near syncope
- CHF
- Palpitations
- Pacemaker
- Allergies: lidocaine / novacaine

Signs and Symptoms
- Ventricular tachycardia on ECG (Runs or sustained)
- Conscious, rapid pulse
- Chest pain, shortness of breath
- Dizziness
- Rate usually 150 - 180 bpm for sustained V-Tach
- QRS > .12 Sec

Differential
- Artifact / Device failure
- Cardiac
- Endocrine / Metabolic
- Drugs
- Pulmonary

Universal Patient Care Protocol

- Palpable pulse?
- Wide, regular rhythm with QRS >0.12 s

Pre-arrest (No palpable BP, Altered mental status)

- Consider Sedation
  - Midazolam or
  - Lorazepam or
  - Diazepam

Synchronized Cardioversion
May Repeat as needed

Stable

12 Lead ECG

- Amiodarone, Lidocaine, or Procainamide (consider in this order if available)

If Unsuccessful Rapid Transport with Early Destination Notification

Becomes Unstable?

- Notify Destination or Contact Medical Control
- Repeat Dose or Chose Another Drug Amiodarone, Lidocaine, or Procainamide

Pearls
- Recommended Exam: Mental Status, Skin, Neck, Lung, Heart, Abdomen, Back, Extremities, Neuro
- For witnessed / monitored ventricular tachycardia, try having patient cough.
- Polymorphic V-Tach (Torsades de Pointes) may benefit from the administration of magnesium sulfate if available.
- If presumed hyperkalemia (end-state renal disease, dialysis, etc.), administer Sodium Bicarbonate.
- Procainamide (if available) is no longer second line agent although it should not be given if there is history of CHF.

Notify Destination or Contact Medical Control

IV Protocol

Amiodarone, Lidocaine, or Procainamide (consider in this order if available)

B

M

P

Protocol 36

Any local EMS System changes to this document must follow the NC OEMS Protocol Change Policy and be approved by OEMS 2009