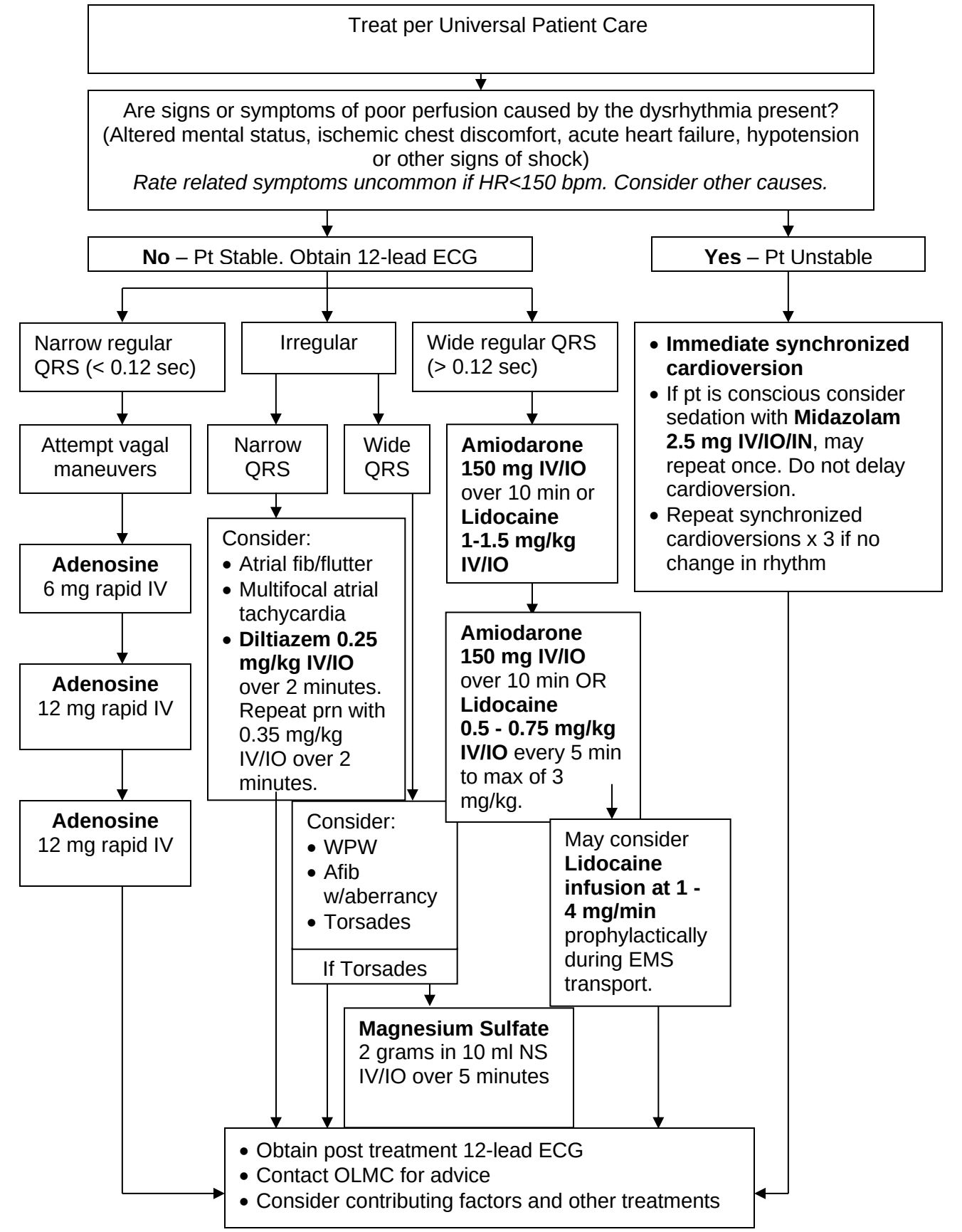
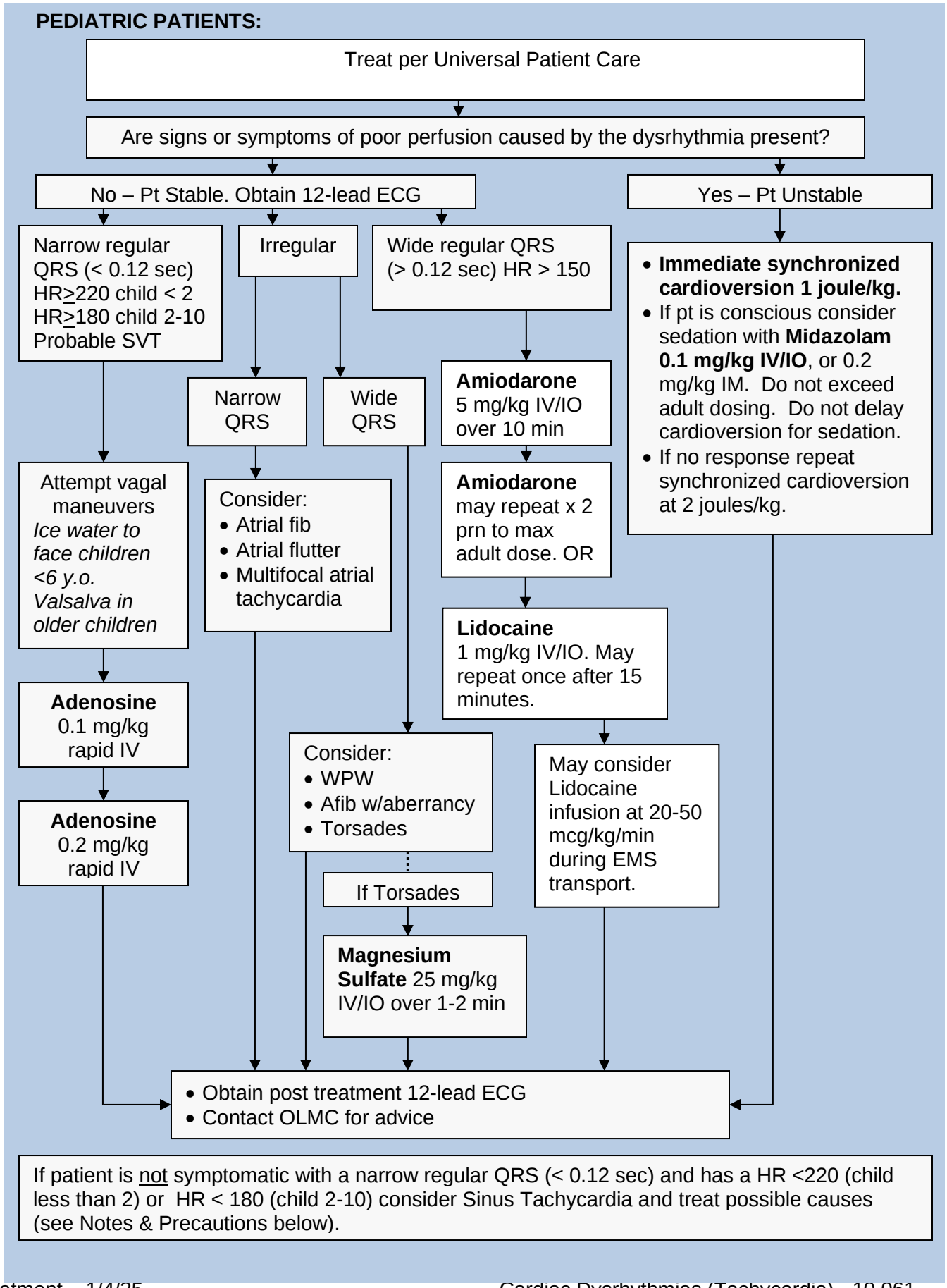
Cardiac Dysrhythmias (Tachycardia) – 10.061



Cardiac Dysrhythmias (Tachycardia) – 10.061



Cardiac Dysrhythmias (Tachycardia) – 10.061

NOTES & PRECAUTIONS:

A. In stable regular wide complex tachycardia which is monomorphic, consider **Adenosine** if SVT with aberrancy is suspected.
B. 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.
C. Other possible causes of tachycardia include:
    1. Acidosis
    2. Hypovolemia/hemorrhage
    3. Hyperthermia/fever
    4. Hypoxia
    5. Hypo/Hyperkalemia
    6. Hypoglycemia
    7. Infection
    8. Pulmonary embolus
    9. Tamponade
    10. Toxic exposure
    11. Tension pneumothorax
    12. Pain
D. Prior to administering diltiazem for rapid atrial fibrillation, consider and treat the above reversible causes of tachycardia. Rapid atrial fibrillation should first be considered as a "sinus tachycardia equivalent" as it is often reactive to another process. Administration of diltiazem to a patient with underlying shock physiology secondary to another process such as sepsis or bleeding can result in catastrophic loss of compensatory tachycardic response and refractory hypotension.
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**