### *Michigan* **Pediatric Cardiac Protocols** PEDIATRIC WIDE COMPLEX TACHYCARDIA

Date: May 31, 2012

# Pediatric Wide Complex Tachycardia

#### **Pre-Medical Control**

### PARAMEDIC

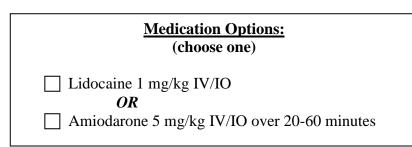
1. Follow the Pediatric Assessment and Treatment Protocol.

#### **STABLE**

1. Consider 12-Lead ECG, if available.

#### **Post-Medical Control**

2. Per MCA Selection Administer Lidocaine OR Amiodarone.



## **UNSTABLE**

1. If Cardiopulmonary compromise is present as evidenced by hypotension, acutely altered mental status or signs of shock, contact medical control.

#### Post-Medical Control

- 2. If time and condition allow prior to cardioversion, sedate per MCA selection. Refer to **Patient Sedation Protocol**.
- 3. If HR greater than 180, consider Synchronized Cardioversion 0.5 1 J/kg.
- 4. Consider repeat cardioversions at 2 J/kg.
- 5. In borderline unstable patients, consider Adenosine if rhythm regular and QRS is monomorphic. If IV/IO is readily available, administer Adenosine 0.1 mg/kg (maximum 6 mg) IV/IO, rapid IV push through the most proximal injection site. This should be followed immediately with a 5 10 ml NS flush. May repeat Adenosine 0.2 mg/kg IV/IO (maximum 12 mg).



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Date: May 31, 2012 Page 2 of 2 Follow Pediatric Assessment and Treatment Protocol **Probable VT** Wide complex tachycardia **STABLE** UNSTABLE If **CARDIOPULMONARY COMPROMISE** is present as Consider 12-Lead ECG, evidenced by: if available Hypotension • Acutely altered mental status • Signs of shock **Contact Medical** Control Contact Medical Control Per MCA Selection If time and condition allow prior to Administer Lidocaine 1 cardioversion, sedate per MCA mg/kg IV/IO selection. Refer to Patient Sedation Protocol. OR Amiodarone,5 mg/kg IV/IO over 20-60 minutes If HR greater than 180, consider Synchronized Cardioversion 0.5 - 1 J/kg. Consider repeat cardioversions at 2 J/kg. **Medication Options:** (choose one) Lidocaine 1 mg/kg IV/IO In borderline unstable patients, consider Adenosine if OR rhythm and QRS is monomorphic. If IV/IO is readily available administer Adenosine 0.1 mg/kg (maximum 6 Amiodarone 5 mg/kg IV/IO mg) IV/IO, rapid IV push through the most proximal over 20 – 60 minutes injection site. This should be followed immediately with a 5 – 10 ml NS flush. May repeat Adenosine 0.2 mg/kg IV/IO (maximum 12 mg).

