VENTRICULAR TACHYCARDIA STABLE

(Maintaining adequate mentation, blood pressure, respiratory status, and absence of chest pain)
Wide complex, rate over 150, regular with no P waves or signs of A-fib or flutter

Assess and maintain CAB's
Administer O_2 if needed
Assess vitals
Apply monitors
(EKG, Pulse Ox, B/P)
Targeted history/ Physical exam
Establish IV access
↓
(Consider ordering)
(12 lead ECG, Cardiac enzymes, CXR)
(Cardiology consult)

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← **Preferred Antidyshythmic**

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Consider the following at any time

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Sedation and synchronized cardioversion
Begin at 100j, and increase PRN.
(based on machine –
could increase stepwise between 120-360J)

Prepare an infusion of the antidysrhythmic
medication used if conversion is successful

May use: (generally only one)
Procainamide 20-50 mg/min
~Or~
Amiodarone 150 mg IV drip
over 10 min
May repeat 150 mg IV
~Or~
Sotolol 100 mg over 5 min
~Or~
Lidocaine 0.5-1.5 mg/kg
½ initial dose for repeat dose May
repeat to max total 3mg/kg
~Or~
Magnesium 1 - 2 gm IV
for Torsades or
suspected hypomagnesemia

☛ Tips for successfully managing this case:

☝ Don't forget:
- Administer O_2 if needed
- Start/upgrade IV

- Determine whether patient is stable or unstable
- Gather data
- Get vital signs
- Attach monitor(s)
- EKG
- Pulse oximeter
- BP

Start with:
- Level of consciousness
- Blood pressure
- Lung sounds
- Presence/absence of chest pain
- Gather problem focused history

*Your goal:
Control the rate, improve perfusion and maintain a normal rhythm

*Verbalize appropriate drug, dose, route, flush, and reevaluate patient after each intervention

☛ **Quick tip**

Find the cause:
Patients don't have Ventricular Tach because they are low on Amiodarone (or any other antidysrhythmic). Medications are a temporary "Band-Aid" for ventricular irritability, but it is likely to recur if the cause is not diagnosed and treated.

VENTRICULAR TACHYCARDIA UNSTABLE

(Rate over 150 with decreased LOC, hypotension, pulmonary edema, or chestpain)

Assess and maintain CABs
Administer O_2 if needed
Assess vitals
Apply monitors
(EKG, Pulse Ox, B/P)

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Targeted history IV/IO access
(do not delay cardioversion for IV)

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Immediate management

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Sedation
(if conscious and B/P allows)

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Synchronized cardioversion 100j, 200j, 300j, 360j
OR
(Biphasic equivalent usually 120-200j)

If Torsades de Pointes use
(wide irregular rhythm)
unsynchronized countershock at defibrillation doses

☞ Tips for successfully managing this case:

☞ Don't forget:
- Administer O_2 if needed
- Start/upgrade IV

*Determine whether patient is stable or unstable Gather data
Get vital signs
Attach monitor(s)
- EKG
- Pulse oximeter
- BP

Start with:
- Level of consciousness
- Blood pressure
- Lung sounds
- Presence/absence of chest pain
- Gather problem focused history

*Your goal:
Control the rate, improve perfusion and maintain a normal rhythm

*Verbalize appropriate drug, dose, route, flush, and reevaluate patient after each intervention

If unsuccessful: medication sequence for stable

☞ **Quick tip**

If tachycardic and awake (or otherwise stable) first we try to medicate
If tachycardic with a nap (or otherwise unstable) then the treatment is Zap Zap Zap!

Unstable = **CASH**, which gets Joules ("Those with CASH get Joules")
(Chest pain, Altered LOC, SOB w/ Pulm. Edema/ Hypotension)