Wide Complex Tachycardia (>0.09 sec)
Assumed to be
Ventricular Tachycardia, Stable
(no signs of shock)

Asses C A B’s
- Maintain airway
- Oxygen, as needed
- EKG and pulse oximeter
- Assess vital signs

Consider 12 lead ECG and expert consult especially if stable

Establish vascular access

Amiodarone 5 mg/kg over 20-60 min

Successful conversion?

Yes

Consider Expert Consult

No

Synchronized cardioversion 0.5 J/kg to 1 J/kg
(may increase to 2 J/kg)

Consider Expert Consult

*May choose to try one dose of adenosine 0.1mg/kg to determine if the rhythm is SVT with aberrancy.*
Wide Complex (>0.09 sec)
Assumed to be
Ventricular Tachycardia, Unstable
(signs of poor perfusion / shock)

Assess C A B’s
Maintain airway
Oxygen, as needed
EKG & pulse oximeter
Assess vital signs
Code equipment prepared

Expert Consult & 12 lead ECG when appropriate

Immediate synchronized cardioversion
0.5-1.0 J/kg
(consider sedation, do not delay cardioversion)

Attempt 2nd synchronized cardioversion up to 2J/kg

If unsuccessful or rapid reoccurrence

May consider:
Amiodarone 5mg/kg IV over 20-60 min
or
Procainamide 15mg/kg IV over 30-60 min
(do not routinely administer multiple antiarrhythmic meds)

Then a 3rd synchronized cardioversion up to 2 J/kg

Rate: over 180 for children; over 220 for infants