### Ventricular Tachycardia Sustained – Not in Arrest

#### Adult

<table>
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<th>BLS Procedures</th>
<th>ALS Standing Orders</th>
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<td><strong>Administer oxygen as indicated</strong></td>
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#### IV/IO Access

- **Stable** – Mild to moderate chest pain/SOB
  - **Amiodarone**
    - **IV/IOPB** - 150 mg in 50mL D5W infused over 10 minutes.

- **Unstable** – ALOC, signs of shock or CHF
  - **Synchronized Cardioversion**
    - Use the biphasic energy settings that have been approved by service provider medical director
    - Consider sedation prior to cardioversion for special circumstances*

- **Unstable polymorphic (irregular) VT**:
  - **Defibrillation**
    - Use the biphasic energy settings that have been approved by service provider medical director
    - Consider sedation prior to defibrillation as outlined below for special circumstances*

- **Torsades de Pointes**
  - **Magnesium Sulfate**
    - **IV/IOPB** – 2 g in 50 mL D5W infused over 5 min
    - May repeat x 1 if Torsades continues or recurs

- **Special Circumstances***
  - **Fentanyl**
    - 1 mcg/kg IV / IO / IN prior to electrical therapy.

If recurrent VT, perform synchronized cardioversion or defibrillation at last successful Joules setting.

After successful cardioversion, obtain an ECG per Policy 726.

#### ED Physician Order Only

- **After** synchronized cardioversion or defibrillation, if patient converts to narrow complex rhythm greater than 50 bpm and not in 2nd or 3rd degree heart block, and amiodarone not already given, consider amiodarone - 150 mg IV/IOPB in D5W infused over 10 minutes.

Additional Information:
- *Special circumstances for sedation prior to cardioversion include Fully awake and alert, patients with unstable vital signs.
- Early base hospital contact is recommended in unusual circumstances, e.g. Torsades de Pointes, Tricyclic OD and renal failure.
- Ventricular tachycardia (VT) is a rate greater than 150 bpm