

Ventricular Tachycardia Sustained – Not in Arrest

BLS Procedures

Administer oxygen as indicated

ALS Prior to Base Hospital Contact

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

- **Midazolam**
 - IV/IO – 2 mg
 - Should only be given if it does not result in delay of synchronized cardioversion
 - For IV/IO use – Dilute 5 mg (1mL) Midazolam with 4 mL NS for a final volume of 5 mL concentration of 1 mg/mL
- **Synchronized Cardioversion**
 - Use the biphasic energy settings that have been approved by service provider medical director
- If patient needs sedation and there is a delay in obtaining sedation medication:
 - **Amiodarone**
 - IV/IOPB - 150 mg in 50mL D₅W infused over 10 minutes

Unstable polymorphic (irregular) VT:

- **Defibrillation**
 - Use the biphasic energy settings that have been approved by service provider medical director

If recurrent VT, perform synchronized cardioversion at last successful biphasic energy setting

After successful cardioversion, obtain an ECG per Policy 726.

Base Hospital Orders only

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

Consult with ED Physician for further treatment measures

ED Physician Order Only: After 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:

- 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

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VCEMS Medical Director