

## Ventricular Tachycardia Sustained – Not in Arrest

### BLS Procedures

Administer oxygen as indicated

### ALS Standing Orders

IV/IO Access

Stable – Mild to moderate chest pain/SOB

- **Amiodarone**
  - IV/IOPB - 150 mg in 50mL D<sub>5</sub>W 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 (midazolam IV/IO 2mg) prior to cardioversion for special circumstances\*
    - 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

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 D<sub>5</sub>W 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 2<sup>nd</sup> or 3<sup>rd</sup> degree heart block, and amiodarone not already given, consider amiodarone - 150 mg IV/IOPB in D<sub>5</sub>W infused over 10 minutes.

Additional Information:

- Special circumstances for sedation prior to cardioversion includes, but is not limited to:  
Fully awake and alert, but 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

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VCEMS Medical Director