

Ventricular Tachycardia Sustained – Not in Arrest	
Adult	Pediatric
BLS Procedures	
Administer oxygen as indicated	
ALS Standing Orders	
<p>IV/IO Access</p> <p><u>Stable</u> – Mild to moderate chest pain/SOB</p> <ul style="list-style-type: none"> • Amiodarone <ul style="list-style-type: none"> ○ IV/IOPB - 150 mg in 50mL D₅W infused over 10 minutes. <p><u>Unstable</u> – ALOC, signs of shock or CHF</p> <ul style="list-style-type: none"> • Synchronized Cardioversion <ul style="list-style-type: none"> ○ Zoll 100, 120, 150, 200 joules ○ Lifepak 100, 200, 300, 360 joules ○ Consider sedation prior to cardioversion for special circumstances* <p><u>Unstable polymorphic (irregular) VT:</u></p> <ul style="list-style-type: none"> • Defibrillate <ul style="list-style-type: none"> ○ Defibrillate as indicated <ul style="list-style-type: none"> ○ Lifepak 360 Joules ○ Zoll 200 Joules ○ Consider sedation prior to defibrillation as outlined below for special circumstances* <p><u>Torsades de Pointes</u></p> <ul style="list-style-type: none"> • Magnesium Sulfate <ul style="list-style-type: none"> ○ IV/IOPB – 2 g in 50 mL D₅W infused over 5 min <ul style="list-style-type: none"> • May repeat x 1 if Torsades continues or recurs <p><u>Special Circumstances*</u></p> <ul style="list-style-type: none"> • Fentanyl <ul style="list-style-type: none"> ○ 1 mcg/kg IV/ IO / IN prior to electrical therapy. <p>If recurrent VT, perform synchronized cardioversion or defibrillation at last successful Joules setting.</p> <p>After successful cardioversion, obtain an ECG per Policy 726.</p>	<p>IV/IO Access</p> <p><u>Stable</u> – Mild to moderate chest pain/SOB</p> <ul style="list-style-type: none"> • Amiodarone <ul style="list-style-type: none"> ○ IV/IOPB – 5 mg/kg (max 150 mg) in 50mL D₅W infused over 10 minutes. <p><u>Unstable</u> – ALOC, signs of shock or CHF</p> <ul style="list-style-type: none"> • Synchronized Cardioversion <ul style="list-style-type: none"> ○ 0.5, 1, 2, 4, 6, 8 joules/kg ○ Consider sedation prior to cardioversion for special circumstances* <p><u>Unstable polymorphic (irregular) VT:</u></p> <ul style="list-style-type: none"> • Defibrillate <ul style="list-style-type: none"> ○ Defibrillate as indicated using escalating joules doses <ul style="list-style-type: none"> ○ 2, 4, 6, 8 joules/kg ○ Consider sedation prior to defibrillation as outlined below for special circumstances* <p><u>Torsades de Pointes</u></p> <ul style="list-style-type: none"> • Magnesium Sulfate <ul style="list-style-type: none"> ○ IV/IOPB – 50 mg/kg (max 2 g) in 50 mL D₅W infused over 5 min <ul style="list-style-type: none"> • May repeat x 1 if Torsades continues or recurs <p><u>Special Circumstances*</u></p> <ul style="list-style-type: none"> • Fentanyl <ul style="list-style-type: none"> ○ 1 mcg/kg IV / IO / IN prior to electrical therapy. <p>If recurrent VT, perform synchronized cardioversion or defibrillation at last successful Joules setting.</p> <p>After successful cardioversion, obtain an ECG per Policy 726.</p>
Base Hospital Orders only	
<p>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.</p>	
<p>Additional Information:</p> <ul style="list-style-type: none"> • *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 	

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Next Review Date: October 31, 2022

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VCEMS Medical Director