



**INLAND COUNTIES  
EMERGENCY MEDICAL AGENCY  
POLICY AND PROTOCOL MANUAL**

**Reference No. 14040**  
Effective Date: 05/01/24  
Supersedes: 04/01/23  
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TACHYCARDIAS - ADULT

**I. FIELD ASSESSMENT/TREATMENT INDICATORS**

- Signs and symptoms of poor perfusion.
- Heart rate greater than 150 beats per minute (bpm).

**II. BLS INTERVENTIONS**

- Recognition of heart rate greater than 150 bpm.
- Reduce anxiety; allow patient to assume position of comfort.
- Administer oxygen as clinically indicated.
- Consider transport to closest hospital or ALS intercept.

**III. LIMITED ALS (LALS) INTERVENTIONS**

- Recognition of heart rate greater than 150 bpm.
- Place AED pads on patient as a precaution in the event patient has sudden cardiac arrest.
- Initiate an IV with normal saline and administer 300 ml bolus to patient exhibiting inadequate tissue perfusion.
- Obtain blood glucose. If indicated administer:
  - Dextrose per ICEMA Reference #11010 - Medication - Standard Orders, **or**
  - Glucagon per ICEMA Reference #11010 - Medication - Standard Orders.
  - May repeat blood glucose. Repeat Dextrose per ICEMA Reference #11010 - Medication - Standard Orders if indicated.

**IV. ALS INTERVENTIONS**

Determine cardiac rhythm, obtain a 12-lead ECG to better define rhythm if patient condition allows, establish vascular access and proceed to appropriate intervention(s).

**Narrow Complex Supraventricular Tachycardia (SVT)**

- Initiate NS bolus of 300 ml IV.
- Valsalva/vagal maneuvers.
- Adenosine per ICEMA Reference #11010 - Medication - Standard Orders.
- Synchronized cardioversion, refer to ICEMA Reference #11020 - Procedure - Standard Orders.

- Contact base hospital.

**V-Tach or Wide Complex Tachycardias (Intermittent or Sustained)**

- Consider Adenosine, per ICEMA Reference #11010 - Medication - Standard Orders, if the rate is regular and the QRS is monomorphic. Adenosine is contraindicated for unstable rhythms or if the rhythm is an irregular or polymorphic wide complex tachycardia.
- If Adenosine fails to convert the rhythm or is contraindicated, consider Lidocaine per ICEMA Reference #11010 - Medication - Standard Orders.
- Polymorphic VT should receive immediate unsynchronized cardioversion (defibrillation). Consider infusing Magnesium per ICEMA Reference #11010 - Medication - Standard Orders.
- Precordial thump for witnessed spontaneous VT, if defibrillator is not immediately available for use.
- Synchronized cardioversion, refer to ICEMA Reference #11020 - Procedure - Standard Orders.
- Contact base hospital.

**Atrial Fib/Flutter**

- Transport to appropriate facility.
- For patients who are hemodynamically unstable, proceed to synchronized cardioversion, refer to ICEMA Reference #11020 - Procedure - Standard Orders.
- Contact base hospital.

**V. REFERENCES**

<b><u>Number</u></b>	<b><u>Name</u></b>
11010	Medication - Standard Orders
11020	Procedure - Standard Orders