### Access Appropriateness for Clinical Condition
Heart rate typically > 150/min if tachyarrhythmia.

#### Identify & Treat Underlying Cause
- Maintain patient airway; assist breathing as necessary
- Oxygen (if O2 sat < 94%)
- Cardiac monitor to identify rhythm; monitor blood pressure & oximetry

### Persistent Tachycardia Causing:
- Hypotension?
- Acutely altered mental status?
- Signs of shock?
- Ischemic chest discomfort?
- Acute heart failure?

#### YES
- Synchronized Cardioversion
  - Consider sedation
  - If regular narrow complex, consider adenosine

#### NO
- Wide QRS? ≥ 0.12 second

#### YES
- IV access and 12-Lead ECG if available.
- Consider adenosine only if regular and monomorphic.
- Consider antiarrhythmic infusion.
- Consider expert consultation.

#### NO

### Doses/Details

#### Synchronized Cardioversion
- Initial recommended doses:
  - Narrow regular: 50-100 J
  - Narrow irregular: 120-200 J biphasic or 200 J monophasic
  - Wide regular: 100 J
  - Wide irregular: Defibrillation dose (NOT synchronized)

#### Adenosine IV Dose:
- First dose: 6 mg rapid IV push; follow with NS flush.
- Second dose: 12 mg if required

#### Antiarrhythmic Infusions for Stable wide-QRS Tachycardia

- Procainamide IV Dose:
  - 20-50 mg/min until arrhythmia suppressed, hypotension ensues, QRS duration increase > 50% or maximum does 17 mg/kg given.
  - Maintenance infusion: 1-4 mg/min. Avoid if prolonged QT or CHF.

#### Amiodarone IV Dose:
- First dose: 150 mg over 10 mins. Repeat as needed if VT recurs. Follow by maintenance infusion of 1 mg/min for first 6 hours.

#### Sotalol IV Dose:
- 100 mg (1.5 mg/kg) over 5 mins. Avoid if prolonged QT.

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