

PEORIA AREA EMS SYSTEM  
PREHOSPITAL CARE MANUAL

**Narrow Complex  
Tachycardia Protocol**

Tachycardia is defined as a heart rate > 100 bpm. Once the heart rate reaches 150 bpm, the patient is at risk for shock. A narrow QRS complex indicates that the rhythm may be originating in the atrium. Determining the stability of the patient with tachycardia is an important factor in patient care decisions. The assessment of the patient with tachycardia should include evaluation for signs and symptoms of hypoperfusion.

The patient is considered **stable** if the patient is alert and oriented with warm & dry skin and has a systolic BP > 100mmHg.

The patient is considered **unstable** if the patient has an altered level of consciousness, diaphoresis, dizziness, chest pain or discomfort, ventricular ectopy and/or is hypotensive.

**First Responder Care**

First Responder Care should be focused on assessing the situation and initiating routine patient care to treat for shock.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient cannot tolerate a mask.

**BLS Care**

BLS Care should be directed at conducting a thorough patient assessment, initiating routine patient care to treat for shock and preparing the patient for or providing transport.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient does not tolerate a mask.
3. Initiate ALS intercept and transport as soon as possible.

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**ILS Care**

ILS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient does not tolerate a mask.
3. Initiate ALS intercept and transport as soon as possible. (*Transport can be initiated at any time during this sequence*).
4. **Contact Medical Control** as soon as possible.
5. **Adenosine (Adenocard):** 6mg IV {rapid IV push} (**with Medical Control order only**) if the patient is alert and oriented, has a systolic BP > 100mmHg, has a HR > 150bpm and is *obviously* not in atrial fib or atrial flutter. If no response after **2 minutes**, administer 12mg IV {rapid IV push} (**with Medical Control order only**).

**ALS Care**

ALS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Render initial care in accordance with the *Routine Patient Care Protocol*.
2. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient does not tolerate a mask.
3. **Adenosine (Adenocard):** 6mg IV {rapid IV push} if the patient is alert and oriented, has a systolic BP > 100mmHg, has a HR > 150bpm and is *obviously* not in atrial fib or atrial flutter. If no response after **2 minutes**, administer 12mg IV {rapid IV push}.

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**ALS Care (continued)**

4. **Midazolam (Versed):** 2mg IV/IO in preparation for synchronized cardioversion if the patient has a respiratory rate > 10 rpm. If the patient's respiratory rate is < 10 rpm, proceed to immediate synchronized cardioversion without sedation.
5. **Synchronized Cardioversion:** If the patient has an altered level of consciousness, diaphoresis, dizziness, chest pain or discomfort, ventricular ectopy and/or is hypotensive:
  - a) Synchronized cardioversion at **100 Joules\*\*** if tachycardia persists.
  - b) Synchronized cardioversion at **200 Joules\*\*** if tachycardia persists.
  - c) Synchronized cardioversion at **300 Joules\*\*** if tachycardia persists.
  - d) Synchronized cardioversion at **360 Joules\*\*** if tachycardia persists.
6. Contact the receiving hospital as soon as possible.

\*\*Or biphasic equivalent

**Critical Thinking Elements**

- **Treat the patient – not the monitor. Tachycardia does not necessarily mean that the patient is unstable or requires intervention.**
- **Factors to consider during the assessment of the patient with tachycardia include: patient health & physical condition, trauma or injury related to the event, current medications and medical history.**
- **Assess for underlying causes (e.g. hypovolemic shock) and treat according to protocol.**
- **When administering Adenocard, be prepared for immediate defibrillation if the rhythm converts to v-fib.**
- **DO NOT administer Adenocard if the heart rate is < 150 bpm without consulting Medical Control.**