

VENTRICULAR TACHYCARDIA WITH PULSES											
ADULT	PEDIATRIC (≤34KG)										
BLS											
<ul style="list-style-type: none"> Universal Protocol #601 	Same as Adult										
BLS Optional											
Pulse Oximetry – O ₂ administration per Airway Management Protocol #602											
ALS Standing Orders											
<p style="text-align: center;">Stable</p> <ul style="list-style-type: none"> Lidocaine 1.5 mg/kg IV <ul style="list-style-type: none"> Repeat 0.75 mg/kg every 5-10 min (max total dose 3 mg/kg) <p style="text-align: center;">Unstable</p> <ul style="list-style-type: none"> Synchronized/Unsynchronized cardioversion sequences (see notes) Midazolam up to 2 mg slow IV or 5 mg IN (split into two doses 2.5 mg each nostril) to pre-medicate prior to cardioversion <p style="text-align: center;">Unresponsive to previous therapy</p> <ul style="list-style-type: none"> Lidocaine 1.5 mg/kg IV <ul style="list-style-type: none"> Repeat 0.75 mg/kg every 5-10 min (max total dose 3 mg/kg) 	<p style="text-align: center;">Stable</p> <ul style="list-style-type: none"> Lidocaine 1 mg/kg IV <ul style="list-style-type: none"> Repeat 0.5 mg/kg every 5-10 min (max total dose 3 mg/kg) <p style="text-align: center;">Unstable</p> <ul style="list-style-type: none"> Synchronized/Unsynchronized cardioversion sequences (see notes) Midazolam 0.1 mg/kg IV/IN not to exceed 2 mg to pre-medicate prior to cardioversion <p style="text-align: center;">Unresponsive to previous therapy</p> <ul style="list-style-type: none"> Lidocaine 1 mg/kg IV <ul style="list-style-type: none"> Repeat 0.5 mg/kg every 5-10 min (max total dose 3 mg/kg) 										
Base Hospital Orders Only											
<ul style="list-style-type: none"> Lidocaine post conversion As needed 	<ul style="list-style-type: none"> Lidocaine post conversion As needed 										
Notes											
<ul style="list-style-type: none"> Obtain a 12-lead ECG before and after conversion, if possible Vascular access may be omitted prior to cardioversion if in extremis QRS ≥ 0.12 seconds typical for VT in adults QRS ≥ 0.09 seconds typical for VT in pediatrics Irregular Wide-complex tachycardia, i.e. Torsades de Pointes, requires unsynchronized cardioversion Synchronized/Unsynchronized Sequences (if synchronized mode is unable to capture use unsynchronized cardioversion) Use manufacturer recommended energy settings if different from below <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>ADULT</th> <th>PEDIATRIC</th> </tr> </thead> <tbody> <tr> <td>100 J</td> <td>1 J/kg</td> </tr> <tr> <td>120 J</td> <td>2 J/kg</td> </tr> <tr> <td>150 J</td> <td>2 J/kg</td> </tr> <tr> <td>200 J</td> <td></td> </tr> </tbody> </table> <p style="text-align: center;">(start at 120J Unsynchronized in adult patients with irregular rhythms)</p>		ADULT	PEDIATRIC	100 J	1 J/kg	120 J	2 J/kg	150 J	2 J/kg	200 J	
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