

ORANGE COUNTY EMERGENCY MEDICAL SERVICES BASE HOSPITAL TREATMENT GUIDELINES ADULT/ADOLESCENT

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NARROW COMPLEX, IRREGULAR TACHYCARDIA

BASE GUIDELINES 1. Most likely rhythm in this setting is atrial fibrillation or multifocal atrial tachycardia. 2. Avoid cardioversion as atrial fibrillation of more than short duration may predispose to an atrial clot or thrombus that can be dislodged and circulate to the cerebral arteries causing an acute thrombotic stroke. 3. Fluid challenge for hypotension should be done cautiously as patient is likely high risk for congestive heart failure.

- 4. Nitroglycerine may be ordered for suspected cardiac chest pain by the Base, but take caution as blood pressure may drop.
- 5. A Base order for nitroglycerine in the setting of congestive heart failure is appropriate if blood pressure is stable.
- 6. Irregular narrow complex QRS tachycardia is usually atrial fibrillation or multifocal atrial tachycardia that will not usually respond to adenosine. Consider an initial dose of adenosine and fluid challenge (if lungs clear to auscultation) and immediate transport. If hemodynamically unstable with signs of poor perfusion, consider immediate cardioversion.

ALS STANDING ORDER

- 1. Monitor and document cardiac rhythm with rhythm strip.
- 2. Pulse oximetry; if room air oxygen saturation less than 95%:
 - ► High-flow oxygen by mask or nasal cannula at 6 l/min flow as tolerated.
- 3. If chest discomfort or acute shortness of breath reported, consider 12-lead to evaluate for acute MI.
- 4. Assess for signs of hypovolemia; if hypovolemia suspected and <u>lungs clear on auscultation</u> and no signs of CHF:
 - ▶ Normal Saline, infuse 250 mL; because of high risk for developing CHF, give only one 250 mL bolus in the field and during infusion, reassess for evidence of developing rales or worsened shortness of breath.
- 5. ALS escort to nearest available ERC.

Approved: