



ORANGE COUNTY EMERGENCY MEDICAL SERVICES  
BASE HOSPITAL TREATMENT GUIDELINES

#: BH-P-050  
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Org. Date: 10/01/2019  
Revise Date: 7/30/2024

VENTRICULAR TACHYCARDIA (WITH A PULSE) – PEDIATRIC

BASE GUIDELINES

Stable Wide Complex Tachycardia

Systolic BP  $\geq$  80, appropriate mental status, minimal chest discomfort

1. Stable wide complex tachycardia is best transported without cardioversion or pharmacologic treatment.
2. These patients may present as syncope, weakness, chest pain, shortness of breath, or light-headedness.
3. If **Automatic Implanted Cardiac Defibrillator (AICD)** is in place and discharges 2 or more firings within 15 minutes, patients should be routed to the nearest open Comprehensive Children’s Emergency Receiving Center (CCERC).
4. If **Automatic Implanted Cardiac Defibrillator (AICD)** is in place and discharges 2 or more firings within 15 minutes:
  - ▶ **Amiodarone 5 mg/kg slow IV push over 10 minutes**
    - Maximum single dose 150 mg one time
    - Consider holding if patient is asymptomatic
5. Do not give Adenosine when the rhythm is wide complex QRS and irregular, this can result in worsening of cardiac status.

Unstable Wide Complex Tachycardiac

Systolic BP  $<$  80, altered LOC, chest pain, or signs of poor perfusion

- ▶ **Cardioversion 1 J/kg** (do not delay for IV access if deteriorating)

Consider sedation for cardioversion if SBP greater than 80 mmHg:

- ▶ **Midazolam (Versed™) 0.1 mg/kg IN/IM**
  - Maximum single dose 5 mg (1 mL)

If patient becomes pulseless, treat according to *Cardiopulmonary Arrest – Pediatric SO-P-40/BH-P-40*.

ALS STANDING ORDER

**No ALS Standing Orders exist for this condition. Therefore, base hospital/CCERC (pediatric base preferred) contact is required per OCEMS Policy #310.00.**

Approved:

Reviewed:7/2024  
Final Date for Implementation: 08/06/2024  
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6. Pediatric GCS (Procedure B-02):

Variable	Description	Score
Eye Opening	Eyes opening spontaneously	4
	Eyes opening to sound	3
	Eyes opening in response to painful stimulus	2
	No eye opening	1
Verbal Response	Smiles, oriented to sounds, follows objects, interacts, coos	5
	Irritable cries and inappropriate interactions	4
	Cries in response to pain	3
	Inconsolable and moans in response to pain	2
Motor Response	No verbal response	1
	Infant moves spontaneously or purposefully	6
	Infant withdraws from touch	5
	Infant withdraws from pain	4
	Abnormal flexion to pain for an infant (decorticate response)	3
Maximum Score	Extension to pain (decerebrate response)	2
	No motor response	1
		15

ALS STANDING ORDER

Approved:

*Carl Schultz, MD*

Reviewed: 7/2024  
Final Date for Implementation: 08/06/2024  
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