ALS STANDING ORDERS:

1. Monitor cardiac rhythm and document with rhythm strip or 12-lead ECG.

   → If Automatic Implanted Cardiac Defibrillator (AICD) is in place and discharges ≥ 2 firings within 15 minutes, make Base Hospital contact for possible CVRC destination.

2. Pulse oximetry; if room air O_2 Saturation less than 95%:

   ► *High-flow oxygen by mask or nasal cannula at 6 l/min flow as tolerated.*

3. Assess hemodynamic stability of patient:

   Stable Wide Complex Tachycardia (Systolic BP > 90 mm Hg, appropriate mental status, minimal chest discomfort):

   - Monitor vital signs.
   - ALS escort to nearest ERC.

   Unstable Wide Complex Tachycardia (Systolic BP ≤ 90 mm Hg, altered LOC, chest pain, or signs of poor perfusion):

   ► Cardioversion : *100 J Biphasic or manufacturer's recommended cardioversion setting (do not delay for IV access if deteriorating);*

   → If cardioversion is unsuccessful:

   ► *Amiodarone 150 mg slow IV/IO or Lidocaine 1 mg/kg IV/IO; allow to circulate for 2 minutes.*

   → If unstable Wide Complex tachycardia persists:

   ► Cardioversion: *At full voltage or manufacturer's recommended cardioversion setting.*

   → If Wide Complex tachycardia persists:

   ► Repeat *Amiodarone 150 mg slow IV/IO or Lidocaine 0.5 mg/kg IV/IO*

   → After second dose of Amiodarone given and circulated 2 minutes, if Wide Complex Tachycardia persists:

   ► *Cardioversion: At full voltage or manufacturer's recommended cardioversion setting.*

   → ALS escort to nearest ERC or contact Base Hospital as needed.

TREATMENT GUIDELINES:

- Patients with stable wide complex tachycardia may present as syncope, weakness, chest pain, shortness of breath, or light-headedness. Patients with these symptoms should have cardiac monitoring with rhythm strip documented.

- Stable wide complex tachycardia (blood pressure present with minimal chest discomfort, alert and oriented, and minimal shortness of breath) is best transported without cardioversion or pharmacologic treatment.

- Amiodarone is associated with hypotension due to peripheral vasodilation and should be administered slowly to avoid profound drops in blood pressure.