

APPROVED: SIGNATURE ON FILE IN EMS OFFICE
Executive Director

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SUPERCEDES:

SIGNATURE ON FILE IN EMS OFFICE
Medical Director

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WIDE COMPLEX TACHYCARDIA OF UNCERTAIN TYPE

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as a patient treatment standard for EMTs, AEMTss and Paramedics within their scope of practice.
- III. PROTOCOL: Wide complex tachyarrhythmia in which V-Tach and SVT cannot be distinguished. Risk factors are useful in distinguishing V-Tach from supraventricular tachycardia. Age greater than 70 years and prior history of ischemic heart disease strongly suggest V-Tach. Age less than 40 years and no history of ischemic heart disease strongly suggest SVT. Low blood pressure is not useful to distinguish between the two rhythms.

Wide Complex Tachycardia of Uncertain Type

History

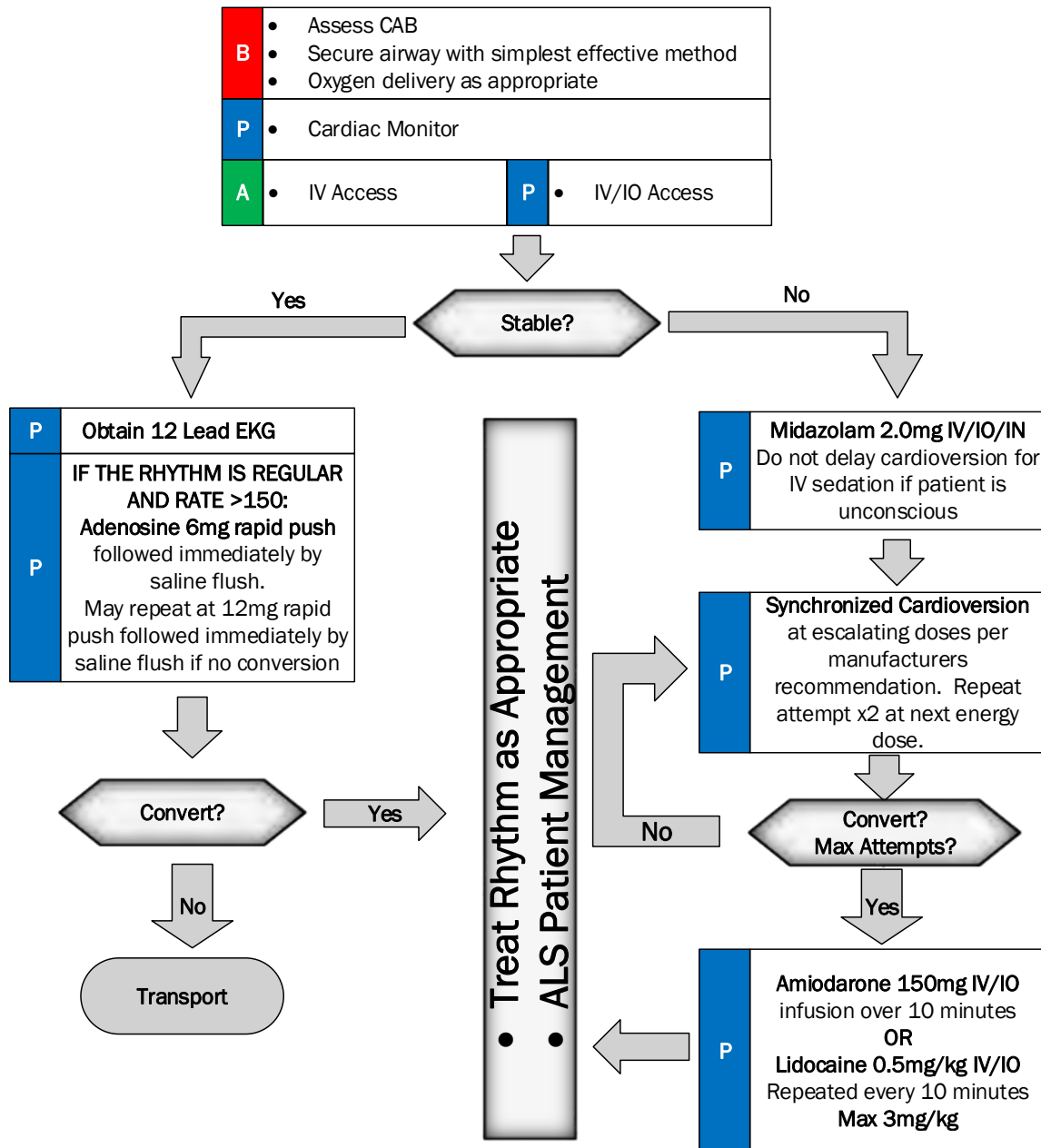
- Age >70 and history of ischemic heart disease suggest V-Tach
- Age <40 and no history of ischemic heart disease suggest SVT

Signs and Symptoms

- Wide complex tachycardia in which V-Tach and SVT cannot be distinguished. Disassociation
- Unstable= Chest pain or ALOC or Shortness of breath or BP<90

Differential

- Ventricular tachycardia
- WPW with antidromic re-entry
- SVT with aberrancy
- Atrial fibrillation with intraventricular conduction delay



- ### Pearls
- NEVER give BOTH Lidocaine and Amiodarone to the same patient
 - Cardiologists stress rhythm diagnosis over field treatment.
 - Establish Base Hospital communication early for guidance.
 - Obtain 12-Lead EKG in STABLE patients and consider transmitting for Physician consultation.
 - Avoid Lidocaine OR Amiodarone post cardioversion if any AV Block or idioventricular dysrhythmias.