

# AC05 Adult Tachycardia – Wide Complex

## Objectives:

- Early appropriate recognition and management of wide complex tachycardic rhythms
- Recognition of poor perfusion attributed to a wide complex tachycardic rhythm

## General Information:

- Signs and Symptoms of a hemodynamically unstable patient include:
  - a) Altered mental status
  - b) Ongoing chest discomfort
  - c) Shortness of breath
  - d) Hypotension
  - e) Shock
- Follow manufacturer guidelines for biphasic settings for synchronized cardioversion
- Although not common, V-Tach can occur at rates less than 150; if unsure of treatment contact medical control



## Warnings/Alerts:

- Polymorphic VT can deteriorate quickly to VF – defibrillate ASAP
- Avoid low energy unsynchronized shocks. Low energy shocks are likely to induce ventricular fibrillation
- If unable to obtain synchronization, deliver unsynchronized shock at defibrillation energy (manufacturer recommendations)
- Do not delay cardioversion for administration of sedation to the unstable patient
- It is the responsibility of the provider delivering the shock to ensure that no one is touching the patient prior to shock delivery
- The following conditions need to be addressed prior to cardioversion
  - a) Patients in standing water
  - b) Patients with transdermal medications
- Other conditions may mimic wide complex tachycardia
  - a) Internal pacemakers
  - b) Aberrancy

## OMD Notes:

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## References:

AHA 2005 ACLS pgs 87-102

## Performance Indicators:

Vital Signs before Intervention  
Response to Therapy  
Onset of Symptoms

Vital Signs after Intervention  
Initial Rhythm

Stable or Unstable Patient  
LOC

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