

# V-TACH/ WIDE COMPLEX TACHYCARDIA ( ≥ 14 years old) ADMINISTRATIVE ORDER

**Initiate immediate supportive care:**  
 O2 to maintain sat ≥94%  
 Complete primary and secondary survey as indicated  
 Vital Signs (FSBG and temperature as indicated)  
**Cardiac Monitor**  
**12-lead ECG**

**Asymptomatic**

**Initiate IV NS TKO**  
 Monitor closely for changes

**Symptomatic**

**Stable:**  
 Anxiety, palpitations, mild SOB

- **Initiate IV NS/LR TKO**
- If rhythm is likely SVT with aberrancy:
- **Adenosine** 6mg IV rapid push followed with 20ml NS flush
- 2nd dose if needed:
- **Adenosine** 12mg IV rapid push followed with 20ml NS flush
- If rhythm is likely monomorphic:
- **Amiodarone** 150mg (mix in 100ml NS bag) IVPB over 10 minutes

**Unstable:**  
 Hypotension, shock, pulmonary edema, unconscious, chest pain, altered LOC

- **Synchronized Cardioversion**  
**120 Joules**
  - May repeat at 200 Joules
- **Initiate IV NS/LR TKO**
- If V-tach/wide complex tach
- **Amiodarone** 150mg (mix in 100ml NS bag) IVPB over 10 minutes
- If Torsades:
- **Defibrillate 200 Joules**  
 (Unsynchronized)
- **Magnesium Sulfate** 2gram (mix in 100ml NS bag) IVPB over 5 minutes

**Notification to include:**  
 V-Tach AO, unit number, patient age, gender, and ETA to receiving facility.  
 Advise if patient is unstable.