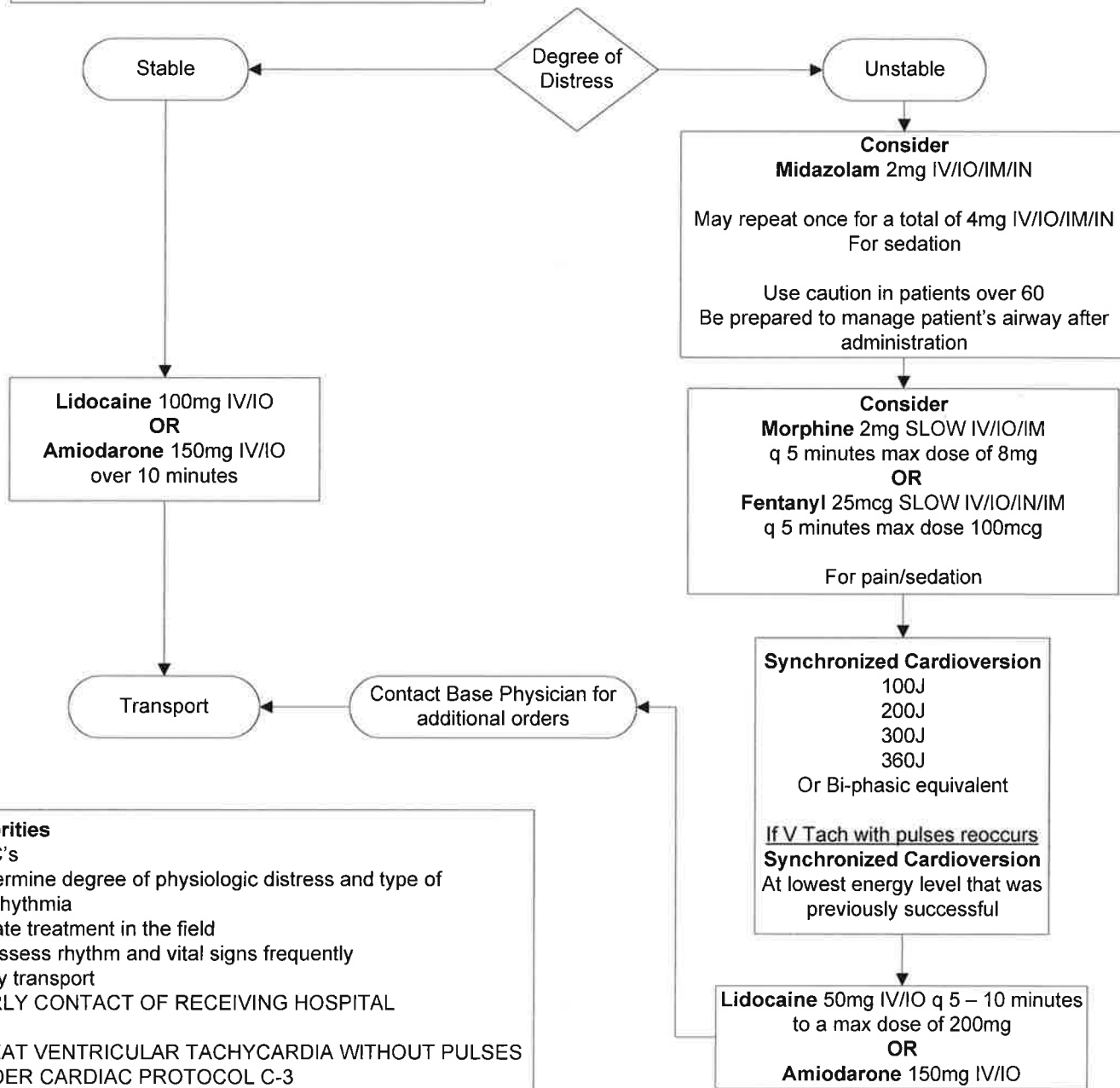


Cardiac Emergencies C-5 Wide Complex Tachycardia

Stabilize Airway
Oxygen – Titrate SpO2 >95%
Be prepared to support ventilations with proper airway adjuncts
Cardiac Monitor
Consider 12 Lead EKG after initial patient treatment
Establish IV/IO TKO
RAPID TRANSPORT when appropriate

Stable: Normal skin signs, vital signs, mentation, and has pulses
Unstable: Hemodynamically unstable (SBP <90) AND, diaphoresis, CP, cap refill >2 sec, cyanosis, ALOC, SOB



Priorities
ABC's
Determine degree of physiologic distress and type of dysrhythmia
Initiate treatment in the field
Reassess rhythm and vital signs frequently
Early transport
EARLY CONTACT OF RECEIVING HOSPITAL

TREAT VENTRICULAR TACHYCARDIA WITHOUT PULSES UNDER CARDIAC PROTOCOL C-3

DISRUPTED COMMUNICATIONS
In the event of a "disrupted communications" situation where a base hospital physician CANNOT be contacted for orders, Solano County Paramedics MAY NOT utilize the portions of this protocol requiring base physician orders AND must transport to the closest receiving facility