



**Tachycardia With Pulses**

Approval: Troy M. Falck, MD – Medical Director

Effective: 06/01/2017

Approval: Victoria Pinette – Executive Director

Next Review: 11/2019

• **Unstable patients with persistent tachycardia require immediate cardioversion (AEMT II ONLY)**  
• **It is unlikely that symptoms of instability are caused primarily by the tachycardia if the heart rate is < 150/min; cardioversion is seldom needed for patients meeting this criteria**

**BLS**

- Manage airway and assist ventilations as necessary
- Assess V/S including SpO2
- O<sub>2</sub> at appropriate rate (if hypoxemic)

**LALS**

**(AEMT II ONLY)**

- Cardiac monitor
- 12-lead ECG at appropriate time (do not delay therapy)

Establish vascular access at appropriate time (may bolus up to 1000 mL NS)

**Persistent tachycardia causing (any):**

- Hypotension?
- Acutely altered mental status?
- Signs of shock?
- Ischemic chest discomfort
- Acute heart failure?

**YES** →

**NO**

- Monitor & reassess
- Contact base hospital for consultation if necessary

**\*Cardioversion Information (AEMT II ONLY)**

- If rhythm is wide irregular or monitor will not synchronize, and the patient is critical, treat as VF with unsynchronized defibrillation doses (C-1)
- Initial synchronized cardioversion doses:
  - Narrow regular: 50 – 100 J
  - Narrow irregular: 120 – 200 J
  - Wide regular: 100 J
- If no response to the initial shock, increase dose in a stepwise fashion for subsequent cardioversion attempts

**(AEMT II ONLY)**

**Cardioversion \***

- Pre-cardioversion sedation with one of the following should be used for an awake patient whenever possible:
  - Midazolam:** 0.1 mg/kg IV (max 4 mg)
  - OR**
  - Morphine:** 2 – 5 mg IV

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**Bradycardia**

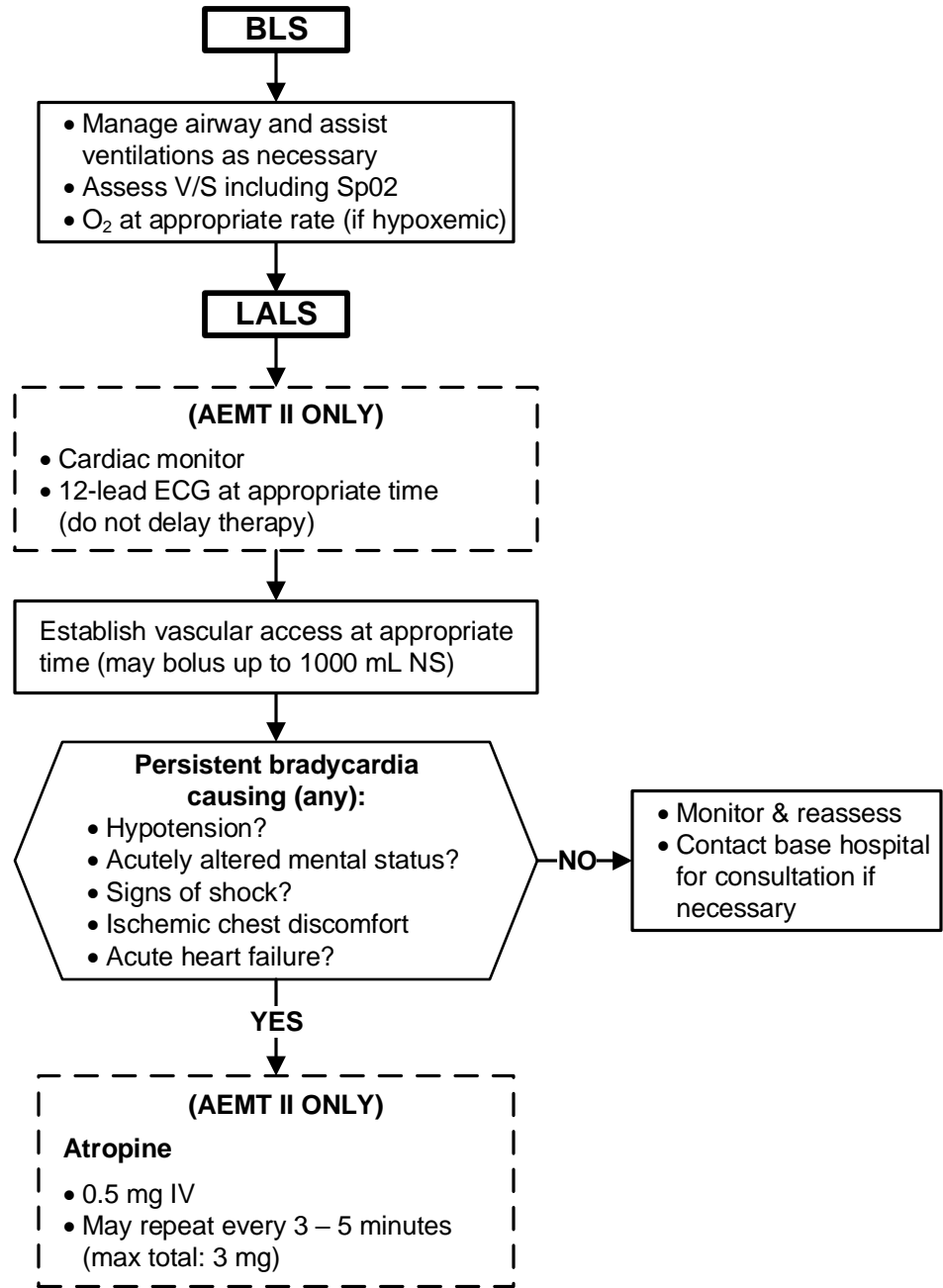
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- Symptomatic bradycardia is defined as a heart rate <60/min that elicits signs and symptoms. When bradycardia is the cause of symptoms, the rate is generally <50/min
- Symptomatic bradycardia exists clinically when the following 3 criteria are present: 1.) The heart rate is slow; 2.) The patient has symptoms; and 3.) The symptoms are due to the slow heart rate



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**Brief Resolved Unexplained Event**

Approval: Troy M. Falck, MD – Medical Director

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Approval: Victoria Pinette – Executive Director

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- **Brief resolved unexplained event (BRUE) is an event occurring in an infant younger than one year of age when the observer reports a sudden, brief (lasting <1 minute but typically <20-30 seconds), and now resolved episode (patient returned to baseline state of health after the event) of any of the following:**
  - Cyanosis or pallor
  - Absent, decreased, or irregular breathing
  - Marked change in tone (hyper- or hypotonia)
  - Altered level of responsiveness
- **BRUE should be suspected when there is no explanation for a qualifying event after conducting an appropriate history and physical examination**
- **All infants ≤ 1 year of age with possible BRUE should be transported by EMS – if parent/guardian refuses EMS treatment and/or transport, base/modified base hospital consultation is required prior to release**
- **EMS personnel shall make every effort to obtain the contact information of the person who witnessed the event – this contact information shall be provided to the receiving hospital upon patient delivery**

**BLS**

- Determine severity, nature and duration of episode:
  - Was child awake or sleeping at time of episode?
  - What resuscitative measures were taken?
- Obtain a complete medical history including:
  - Known chronic diseases
  - Evidence of seizure activity
  - Current or recent infection
  - Recent trauma
  - Medication history
  - Unusual sleeping or feeding patterns
  - Known gastroesophageal reflux or feeding problems
- Assume history given is accurate
- Perform a comprehensive physical assessment including:
  - General appearance
  - Skin color
  - Evidence of trauma
  - Extent of interaction with the environment
- Assess V/S including SpO2
- Treat any identifiable causes as indicated

**LALS**

- Cardiac monitor
- Check blood glucose (BG) if hypoglycemia suspected

**BG < 60 mg/dl?**

YES

Go to ALOC Protocol P-24

NO

Transport