

**BLS**

**ALS**

<p>O<sub>2</sub> and/or ventilate prn</p>	<p><b>A. <u>Unstable Bradycardia with Pulse (Systolic BP&lt;90 AND chest pain, dyspnea or altered LOC):</u></b></p>
<p>O<sub>2</sub> Sat prn</p>	<p><b>NARROW COMPLEX BRADYCARDIA</b></p> <ul style="list-style-type: none"><li>• Monitor EKG</li><li>• 250ml fluid bolus IV/IO with clear lungs <u>SO</u> to maintain BP ≥ 90, MR <u>SO</u></li><li>• Atropine 0.5mg IV/IO for pulse &lt;60 bpm <u>SO</u>. MR q3-5" to max of 3mg <u>SO</u></li></ul> <p><b>If rhythm refractory to a minimum of Atropine 1 mg:</b></p> <ul style="list-style-type: none"><li>• External cardiac pacemaker per <u>SO</u></li></ul> <p><b>If capture occurs and systolic BP≥100, consider medication for discomfort:</b></p> <ul style="list-style-type: none"><li>• Morphine 2-10mg IV/IO prn <u>SO</u></li></ul> <p><b>For discomfort related to pacing not relieved with Morphine and BP≥100:</b></p> <p>Versed 1-5mg IV/IO <u>SO</u></p> <p>Dopamine 400mg/250ml at 10-40mcg/kg/min IV/IO drip, titrate to systolic BP ≥ 90(after max Atropine or initiation of pacing) <u>BHO</u></p>
	<p><b>WIDE COMPLEX BRADYCARDIA</b></p> <ul style="list-style-type: none"><li>• Monitor EKG</li><li>• 250 ml fluid bolus IV/IO with clear lungs <u>SO</u> to maintain BP ≥ 90, MR <u>SO</u></li><li>• External cardiac pacemaker per <u>SO</u></li></ul> <p><b>If capture occurs and systolic BP≥100, consider medication for discomfort:</b></p> <ul style="list-style-type: none"><li>• Morphine 2-10mg IV/IO prn <u>SO</u></li></ul> <p><b>For discomfort related to pacing not relieved with Morphine and BP≥100:</b></p> <ul style="list-style-type: none"><li>• Versed 1-5mg IV/IO <u>SO</u></li></ul> <p>Dopamine 400mg/250ml at 10-40mcg/kg/min IV/IO drip, titrate to systolic BP ≥ 90 (after initiation of pacing) <u>BHO</u></p> <p><b>If external pacing unavailable,</b></p> <ul style="list-style-type: none"><li>• May give Atropine 0.5mg IV/IO for pulse &lt;60 <u>SO</u>. MR q3-5" to max of 3mg <u>SO</u></li></ul>
<p>O<sub>2</sub> and/or ventilate prn</p>	<p><b>B. <u>Supraventricular Tachycardia (SVT):</u></b></p>
<p>O<sub>2</sub> Sat prn</p>	<ul style="list-style-type: none"><li>• Monitor EKG</li><li>• 250ml fluid bolus IV/IO with clear lungs <u>SO</u> to maintain systolic BP ≥ 90, MR <u>SO</u></li><li>• VSM <u>SO</u>. MR <u>SO</u></li><li>• Adenosine 6mg IV/IO, followed with 20ml NS IV/IO <u>SO</u> (Patients with history of bronchospasm or COPD <u>BHO</u>)</li><li>• Adenosine 12mg IV/IO followed with 20ml NS IV/IO <u>SO</u> If no sustained rhythm change, MR x1 in 1-2" <u>SO</u></li></ul>

  
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O <sub>2</sub> and/or ventilate prn	<p><b>If patient unstable OR rhythm refractory to treatment:</b> <b>Conscious (<u>Systolic BP&lt;90 and chest pain, dyspnea or altered LOC</u>):</b></p> <ul style="list-style-type: none"><li>• Versed 1-5mg IV/IO prn pre-cardioversion <u>BHO</u> If age ≥ 60 consider lower dose with attention to age and hydration status</li><li>• Synchronized cardioversion at manufacturer's recommended energy dose <u>BHO</u>, MR <u>BHO</u></li></ul> <p><b>Unconscious:</b></p> <ul style="list-style-type: none"><li>• Synchronized cardioversion at manufacturer's recommended energy dose <u>SO</u> MR x 3 <u>SO</u>. MR <u>BHO</u></li></ul>
O <sub>2</sub> Sat prn	<p><b>C. <u>Unstable Atrial Fibrillation/ Atrial Flutter (Systolic BP&lt;90 AND chest pain, dyspnea or altered LOC):</u></b></p> <ul style="list-style-type: none"><li>• Monitor EKG/ O<sub>2</sub> Saturation prn</li><li>• 250ml fluid bolus IV/IO with clear lungs <u>SO</u> MR to maintain systolic BP ≥ 90 <u>SO</u></li></ul>
O <sub>2</sub> and/or ventilate prn	<p><b>In presence of ventricular response with heart rate ≥180:</b> <b>Conscious:</b></p> <ul style="list-style-type: none"><li>• Versed 1-5mg IV/IO prn pre-cardioversion <u>BHPO</u> If age ≥ 60 consider lower dose with attention to age and hydration status</li><li>• Synchronized cardioversion at manufacturer's recommended energy dose <u>BHPO</u> MR <u>BHPO</u></li></ul> <p><b>Unconscious:</b></p> <ul style="list-style-type: none"><li>• Synchronized cardioversion at manufacturer's recommended energy dose <u>SO</u>. MR x 3 <u>SO</u>. MR <u>BHO</u></li></ul>
O <sub>2</sub> Sat prn	<p><b>D. <u>Ventricular Tachycardia (VT):</u></b></p> <ul style="list-style-type: none"><li>• Monitor EKG</li><li>• 250ml fluid bolus IV/IO with clear lungs <u>SO</u> to maintain systolic BP ≥ 90, MR <u>SO</u></li><li>• Lidocaine 1.5mg/kg IV/IO <u>SO</u>. MR at 0.5mg/kg IV/IO q 8-10" to max 3mg/kg (including initial bolus) <u>SO</u> <b>OR</b></li><li>• Amiodarone 150mg in 100ml of NS over 10 minutes IV/IO <u>SO</u> MR x1 in 10" <u>BHO</u></li></ul>
	<p><b>If patient unstable (<u>Systolic BP&lt;90 and chest pain, dyspnea or altered LOC</u>):</b> <b>Conscious:</b></p> <ul style="list-style-type: none"><li>• Versed 1-5 mg IV/IO prn pre-cardioversion <u>SO</u> If age ≥ 60 consider lower dose with attention to age and hydration status</li><li>• Synchronized cardioversion at manufacturer's recommended energy dose <u>SO</u>. MR x 3 <u>SO</u>. MR <u>BHO</u></li></ul> <p><b>Unconscious:</b></p> <ul style="list-style-type: none"><li>• Synchronized cardioversion at manufacturer's recommended energy dose <u>SO</u>. MR x 3 <u>SO</u>. MR <u>BHO</u></li></ul>

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Approved:



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<p>CPR Begin compressions, after first 30 compressions give first ventilations.</p> <p>VAD or TAH patients <b><u>DO</u></b> <b><u>NOT</u></b> perform compressions unless instructed otherwise by VAD or TAH coordinator or base hospital.</p> <p>AED if available</p> <p>Assist ventilation</p> <p>O<sub>2</sub> Sat prn</p>	<p><b>E. <u>VF/ Pulseless VT:</u></b> Begin CPR.</p> <ul style="list-style-type: none"><li>• If arrest <b>witnessed</b> by medical personnel, perform CPR until ready to defibrillate.</li><li>• <b>If unwitnessed arrest, perform CPR x2 min.</b></li><li>• EtCO<sub>2</sub> monitoring <u>SO</u></li><li>• Monitor EKG</li><li>• Defibrillate x1 at manufacturer's recommended energy dose <u>SO</u></li><li>• Resume CPR for 2 minutes immediately after shock</li><li>• Perform no more than 10 second rhythm check, and pulse check if rhythm is organized</li><li>• Defibrillate for persistent VF/pulseless VT prn <u>SO</u></li><li>• Continue CPR for persistent VF/pulseless VT. Repeat 2 minute cycle followed by rhythm/pulse check, followed by defibrillation/medication, if indicated</li><li>• <u>IV/IO SO</u> Do not interrupt CPR to establish IV/IO Once IV/IO established, if no pulse after rhythm/pulse check:<ul style="list-style-type: none"><li>• Epinephrine 1:10,000 1mg IV/IO MR q3-5" <u>SO</u></li><li>• Intubate/PAA <u>SO</u> Avoid interruption of CPR</li><li>• NG/OG prn <u>SO</u></li></ul></li></ul> <p>If return of pulses: obtain 12-Lead <u>SO</u> If return of pulses transport to STEMI Receiving Center</p> <p>Pronouncement at scene <u>BHPO</u></p>
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Notes: - For patients with an EtCO<sub>2</sub> reading of less than 10mm/Hg or patients in nonperfusing rhythms after resuscitative effort, consider early Base Hospital contact for disposition/pronouncement at scene.

-Flush IV/IO line with Normal Saline after medication administration. Medication should be administered as soon as possible after rhythm checks. The timing of drug delivery is less important than is the need to minimize interruptions in chest compressions.

-CPR ratio 30:2 compressions to ventilations (compression rate of 100/minute) until patient has been intubated, then the ratio becomes 10:1.

-CPR should be performed during charging of the defibrillator.



