

**VENTRICULAR DYSRHYTHMIAS: VENTRICULAR TACHYCARDIA WITH A PULSE**

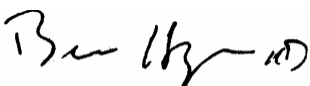
**ACTION/TREATMENT:**

- ABCs/monitor cardiac rhythm.
- IV access, rate titrated to perfusion as needed.
- Treatment options:
  - **STABLE PATIENT** or following successful cardioversion or defibrillation of ventricular rhythms:
    - Adult:**
      - Lidocaine: 1 or 1.5 mg/kg IVP.  
May repeat half the initial dose (0.5 or 0.75 mg/kg IVP) in 3-5 minutes.  
Limit 150 mg/dose.  
Maximum (total) dose 3 mg/kg.
    - Pediatric:**
      - Lidocaine: 1.0 mg/kg IVP.
  - **UNSTABLE PATIENT** (hypotensive, shortness of breath, chest pain, altered LOC, shock, acute MI, pulmonary edema):
    - Cardioversion: Biphasic\*:
      - Adult:** 50J–75J–120J–150J–200J
      - Pediatric:** 1J/Kg–2J/Kg
    - Premedication (if time and clinical condition permits):
      - Adult:** Midazolam 2 mg slow IVP (1 mg/min) age ≤ 60.  
1 mg slow IVP (1 mg/min) age > 60.
      - Pediatric:** Midazolam 1 mg slow IVP (1mg/min) in patients ≥ 20 kg.

**NOTES:**

- For hemodynamically unstable patients, use cardioversion before antiarrhythmia therapy.
- If “synch” mode does not work, (e.g., wide complex ventricular tachycardia), defibrillate at same energy level.
- Documentation should indicate the amount of Joules administered.
- When cardioverting pediatric patients:
  - Follow pad manufacturer’s directions for age and weight restrictions. If none listed:
    - ◆ Use infant-sized pads for patients younger than 1 year or less than 10 Kg weight.
    - ◆ Use adult-sized pads for patients over 1 year or more than 10 Kg.
      - The anterior-posterior placement should be used if the child’s chest is too small to safely accommodate pads.
- If AICD discharge ≥ 2 firings or unstable (loss of consciousness, poor vitals signs, or recurrent ventricular arrhythmia) after AICD discharge, consider lidocaine.

Boxed text indicates BH order  
Unshaded text indicates standing order

Approved: 

TxGuide:cardiac:c-40  
Implementation Date: 7/31/06