ALS STANDING ORDERS:

1. Monitor cardiac rhythm and document with rhythm strip or 12-lead ECG.
   → If Automatic Implanted Cardiac Defibrillator (AICD) is in place and discharges ≥ 2 firings within 15 minutes, make Base Hospital contact for possible CVRC destination.

2. Pulse oximetry; if room air $O_2$ Saturation less than 95%:
   ▶ **High-flow oxygen by mask or nasal cannula at 6 l/min flow as tolerated.**

3. Assess hemodynamic stability of patient:

   **Stable Wide Complex Tachycardia** (Systolic BP > 90 mm Hg, appropriate mental status, minimal chest discomfort):
   - Monitor vital signs.
   - ALS escort to nearest ERC.

   **Unstable Wide Complex Tachycardia** (Systolic BP ≤ 90 mm Hg, altered LOC, chest pain, or signs of poor perfusion):
   - ▶ **Cardioversion:** 100 J Biphasic or manufacturer’s recommended cardioversion setting (do not delay for IV access if deteriorating);
   → If cardioversion is unsuccessful:
     - ▶ **Amiodarone 150 mg slow IV; allow to circulate for 2 minutes.**
   → If unstable Wide Complex tachycardia persists:
     - ▶ **Cardioversion:** At full voltage or manufacturer’s recommended cardioversion setting.
   → If Wide Complex tachycardia persists:
     - ▶ **Repeat Amiodarone 150 mg slow IV**
   → After second dose of Amiodarone given and circulated 2 minutes, if Wide Complex Tachycardia persists:
     - ▶ **Cardioversion:** At full voltage or manufacturer’s recommended cardioversion setting.
   → ALS escort to nearest ERC or contact Base Hospital as needed.
TREATMENT GUIDELINES:

- Patients with stable wide complex tachycardia may present as syncope, weakness, chest pain, shortness of breath, or light-headedness. Patients with these symptoms should have cardiac monitoring with rhythm strip documented.

- Stable wide complex tachycardia (blood pressure present with minimal chest discomfort, alert and oriented, and minimal shortness of breath) is best transported without cardioversion or pharmacologic treatment.

- Amiodarone is associated with hypotension due to peripheral vasodilation and should be administered slowly to avoid profound drops in blood pressure.