# BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.

2. Patients with stable wide complex tachycardia may present as syncope, weakness, chest pain, shortness of breath, or light-headedness.

3. For unstable wide complex tachycardia, use cardioversion before drug therapy.

4. If Automatic Implanted Cardiac Defibrillator (AICD) is in place and discharges 2 or more firings within 15 minutes, patient should be routed to the nearest open Cardiovascular Receiving Center (CVRC).

5. If Automatic Implanted Cardiac Defibrillator (AICD) is in place and discharges 2 or more firings within 15 minutes:
   - **Amiodarone** 150 mg slow IV (hold if allergic to or presently taking Amiodarone)

6. Do not give adenosine when the rhythm is wide complex QRS and **irregular**, this can result in worsening of cardiac status.

7. Consider sedation for cardioversion if SBP greater than 90 mmHg:
   - **Midazolam** (Versed\textsuperscript{TM}) 5 mg IV (Assist ventilation and maintain airway if respiratory depression develops).

8. If patient becomes pulseless, treat according to Cardiopulmonary Arrest – Adult/Adolescent Non-Traumatic algorithm.

9. 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.

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# ALS STANDING ORDER

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 or more 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 rate**

3. Assess hemodynamic stability of patient:

   **Stable Wide Complex Tachycardia** (Systolic BP greater than or equal to 90, appropriate mental status, minimal chest discomfort):
   - Monitor vital signs.

   **Unstable Wide Complex Tachycardia** (Systolic BP less than 90, 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 circulating 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.

4. ALS escort to nearest ERC or contact Base Hospital as needed.