BRADYCARDIA - SYMPTOMATIC

Adult/Adolescent:
1. Initiate Transcutaneous Pacing (see Procedure PR-100)
   A. If capture of cardiac rhythm successful, transport while being paced.
   B. If capture of cardiac rhythm not successful, give:
      ▶ Atropine 0.5 mg IV or IM, may repeat in 3 minutes as necessary to maintain rhythm
   C. Initiate or continue rapid transport to pre-determined destination after first dose given.

Pediatric:
1. Initiate adequate ventilation and oxygenation
2. If not improved with ventilation and oxygenation, give:
   ▶ Atropine 0.02 mg/kg IV or IM, may repeat in 3 minutes as necessary to maintain rhythm
3. Initiate or continue rapid transport to pre-determined destination after first dose given and allowed two minutes to circulate.

SUPRAVENTRICULAR TACHYCARDIA

ADEQUATE PERFUSION

Adult/Adolescent:
1. Obtain 12 lead ECG
2. Valsalva maneuver, if no response, give:
   ▶ Adenosine 12 mg rapid IV, may repeat 12 mg rapid IV (if rhythm is regular)
3. Initiate or continue rapid transport to pre-determined destination after first dose given and allowed two minutes to circulate.

Pediatric:
1. Support ventilation and oxygenation
2. Initiate or continue rapid transport to pre-determined destination.

POOR PERFUSION
(hypotension, altered mental status, shock, chest pain, respiratory distress with rales)

Adult/Adolescent:
1. Synchronized cardioversion, biphasic
2. If patient did not cardiovert and lungs clear to auscultation, give:
   ▶ 250mL saline bolus
3. Initiate or continue rapid transport to pre-determined destination if cardioverts or while saline infusing.

Pediatric:
1. Normal saline bolus 20 mL/kg, may repeat 20 mL/kg twice
2. Initiate or continue rapid transport to pre-determined destination while saline infusing.

VENTRICULAR TACHYCARDIA (WIDE COMPLEX) WITH PULSES

ADEQUATE PERFUSION

Adult/Adolescent:
1. Support ventilation and oxygenation, monitor closely for deterioration.
2. Initiate or continue rapid transport to pre-determined destination

Pediatric:
1. Support ventilation and oxygenation and transport.
2. Initiate or continue rapid transport to pre-determined destination.

POOR PERFUSION
(hypotension, altered mental status, shock, chest pain, respiratory distress with rales)

Adult/Adolescent:
1. Synchronized cardioversion, biphasic
2. If does not cardiovert, give:
   ▶ Amiodarone 150 mg slow IV/IO, may repeat once in 5 minutes
3. Repeat synchronized cardioversion, biphasic, after each amiodarone dose has circulated two minutes.
4. Initiate or continue rapid transport to pre-determined destination.

Pediatric:
1. Synchronized cardioversion, biphasic 1 J/kg
2. If does not cardiovert, give:
   ▶ Amiodarone 5 mg/kg slow IV/IO, may repeat once in 5 minutes
3. Repeat synchronized cardioversion, biphasic, 2 J/kg after each amiodarone dose has circulated two minutes.
4. Initiate or continue rapid transport to pre-determined destination.