

Assess appropriateness for clinical condition.
Heart rate typically $\geq 150/\text{min}$ if tachyarrhythmia.

Identify and treat underlying cause

- Maintain patent airway; assist breathing as necessary
- Oxygen (if hypoxemic)
- Cardiac monitor to identify rhythm; monitor blood pressure and oximetry

Doses/Details

Synchronized Cardioversion
Initial recommended doses:

- Narrow regular: 50-100 J
- Narrow irregular: 120-200 J biphasic or 200 J monophasic
- Wide regular: 100 J
- Wide irregular: defibrillation dose (NOT synchronized)

Adenosine IV Dose:
First dose: 6 mg rapid IV push; follow with NS flush.
Second dose: 12 mg if required.

Antiarrhythmic Infusions for Stable Wide-QRS Tachy

- Lidocaine 1 mg/kg then 0.5 mg/kg q10min NTE 3 mg/kg

Persistent tachyarrhythmia causing:

- Hypotension?
- Acutely altered mental status?
- Signs of shock?
- Ischemic chest discomfort?
- Acute heart failure?

Synchronized cardioversion

- Consider sedation
- If regular narrow complex, consider adenosine

Wide QRS? ≥ 0.12 second

- IV access and 12-lead ECG if available
- Consider adenosine only if regular and monomorphic
- Consider antiarrhythmic infusion
- Consider expert consultation

- IV access and 12-lead ECG if available
- Vagal maneuvers
- Adenosine (if regular)
- β -Blocker or calcium channel blocker
- Consider expert consultation

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