

ADULT VENTRICULAR TACHYCARDIA WITH A PULSE

UNIVERSAL ALGORITHM

- Identify and treat reversible causes
- Establish vascular access with IV NS in large proximal vein
- QRS > 0.12 seconds typical for VT

STABLE

UNSTABLE

Lidocaine: 1.5 mg/kg IVP

If arrhythmia persists:

- Repeat **Lidocaine** 0.75 mg/kg IVP every 5-10 minutes, not to exceed 3 mg/kg

SYNCHRONIZED / UNSYNCHRONIZED CARDIOVERSION SEQUENCES

Consider pre-medication if possible:

- **Diazepam** 2.5-10 mg IVP

MONOPHASIC

100 J
200 J
300 J
360 J
or equivalent

BIPHASIC

50 J
70/75 J
120 J
150 J
200 J
or equivalent

Lidocaine 1.5 mg/kg IVP

If arrhythmia persists:

- Repeat **Lidocaine** 0.75 mg/kg IVP every 5-10 minutes, not to exceed 3 mg/kg

CONSIDERATIONS

- Vascular access may be omitted prior to cardioversion if in extremis
- If synchronized mode is unable to capture, then use unsynchronized defibrillation.
- Obtain 12-lead EKG, if available, before and after cardioversion