

12 Tachycardia – Unstable

Persistent tachycardia with hypotension, ischemic chest pain, altered mental status or shock

START

- 1 **Call for help and a code cart**
 - ▶ **Ask:** “Who will be the crisis manager?”
- 2 **Turn FiO₂ to 100%** and **turn down volatile anesthetics**
- 3 **Analyze rhythm**
 - If wide complex, irregular: treat as VF, *go to* ▷ CHKLST 5
 - Otherwise: prepare for cardioversion
- 4 **Prepare for immediate synchronized cardioversion**
 1. Sedate all conscious patients unless deteriorating rapidly
 2. Turn monitor/defibrillator ON, set to defibrillator mode
 3. Place electrodes on chest
 4. Engage synchronization mode
 5. Look for mark/spike on the R-wave indicating synchronization mode
 6. Adjust if necessary until SYNC markers seen with each R-wave
- 5 **Cardiovert at appropriate energy level**
 1. Determine appropriate energy level using Biphasic Cardioversion table at right; begin with lowest energy level and progress as needed
 2. Select energy level
 3. Press charge button
 4. Press and hold shock button
 5. Check monitor; if tachycardia persists, increase energy level
 6. Engage synchronization mode after delivery of each shock
- 6 **Consider expert consultation**

BIPHASIC CARディオVERSION energy levels

CONDITION	ENERGY LEVEL (progression)
Narrow complex, regular	50 J → 100 J → 150 J → 200 J
Narrow complex, irregular	120 J → 150 J → 200 J
Wide complex, regular	100 J → 150 J → 200 J
Wide complex, irregular	Treat as VF: <i>go to</i> ▷ CHKLST 5

Critical CHANGES

If **cardioversion needed and impossible to synchronize shock**, use high-energy unsynchronized shocks

Defibrillation doses:

Biphasic: Follow manufacturer recommendation; if unknown use highest setting

Monophasic: 360J

If **cardiac arrest**, go to:

▷ CHKLST 5 Cardiac Arrest – VF/VT

▷ CHKLST 4 Cardiac Arrest – Asystole/PEA

During RESUSCITATION

Airway: Assess and secure

Circulation:

- Confirm adequate IV or IO access
- Consider IV fluids wide open