

*Michigan*  
**Pediatric Cardiac Protocols**  
PEDIATRIC WIDE COMPLEX TACHYCARDIA

Date: May 31, 2012

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***Pediatric Wide Complex Tachycardia***

**Pre-Medical Control**

**PARAMEDIC**

1. Follow the **Pediatric Assessment and Treatment Protocol**.

**STABLE**

1. Consider 12-Lead ECG, if available.

**Post-Medical Control**

2. Per MCA Selection Administer Lidocaine OR Amiodarone.

<b><u>Medication Options:</u></b> <b>(choose one)</b>	
<input checked="" type="checkbox"/>	Lidocaine 1 mg/kg IV/IO
<b>OR</b>	
<input type="checkbox"/>	Amiodarone 5 mg/kg IV/IO over 20-60 minutes

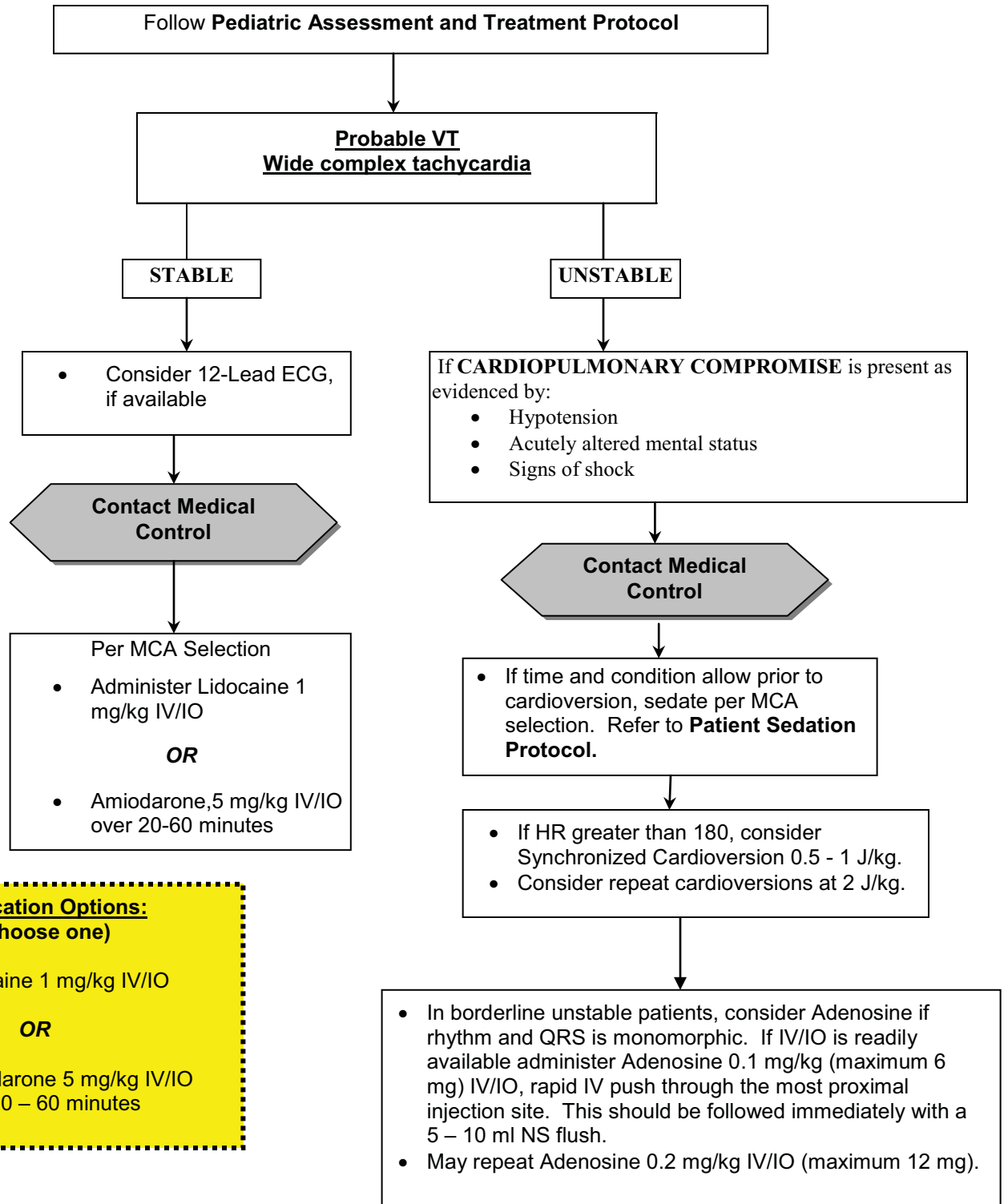
**UNSTABLE**

1. If Cardiopulmonary compromise is present as evidenced by hypotension, acutely altered mental status or signs of shock, contact medical control.

**Post-Medical Control**

2. If time and condition allow prior to cardioversion, sedate per MCA selection. Refer to **Patient Sedation Protocol**.
3. If HR greater than 180, consider Synchronized Cardioversion 0.5 – 1 J/kg.
4. Consider repeat cardioversions at 2 J/kg.
5. In borderline unstable patients, consider Adenosine if rhythm regular and QRS is monomorphic. If IV/IO is readily available, administer Adenosine 0.1 mg/kg (maximum 6 mg) IV/IO, rapid IV push through the most proximal injection site. This should be followed immediately with a 5 – 10 ml NS flush. May repeat Adenosine 0.2 mg/kg IV/IO (maximum 12 mg).

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