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

1. Per MCA Selection Administer Lidocaine OR Amiodarone.

Medication Options:
(choose one)

- [✔] Lidocaine, 1 mg/kg IV/IO
  OR
- [ ] 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.
3. Synchronized Cardioversion – 0.5 - 1 J/kg. If no conversion, repeat at 2 J/kg and then at 4 J/kg.
4. In borderline unstable patients, adenosine may be tried. 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).

Sedation :
(Select Options)
(Titrate to minimum amount necessary)

- [✔] Midazolam 0.05 mg/kg IV/IO titrated slowly, may repeat once in 5 minutes to a maximum of 0.1 mg/kg.
- [ ] Diazepam 0.1 mg/kg IV/IO titrated slowly, may repeat every 5 minutes to a maximum of 0.3 mg/kg.
- [ ] Lorazepam 0.1 mg/kg, max single dose 4 mg IV/IO titrated slowly, may repeat every 5 minutes to a maximum of 8 mg.
- [✔] Fentanyl 1 mcg/kg IV/IO titrated slowly, may repeat once in 5 minutes to a maximum of 2 mcg/kg.