	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8024.31
	PROGRAM DOCUMENT: Cardiac Dysrhythmias	Initial Date:	10/26/94
		Last Approval Date:	11/01/16
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		Next Review Date:	05/01/20

 EMS Medical Director

 EMS Administrator

Purpose:

- A. To serve as the treatment standard for Bradycardic, Supraventricular Tachycardia, and Ventricular Tachycardia Dysrhythmias with pulses for patients who are either stable or unstable.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Protocol:

Symptomatic Bradycardia and Tachycardia Dysrhythmias frequently have an underlying cause which should be recognized and treated. Itself it is critically important to determine the cause of the patient's instability in order to properly direct treatment.

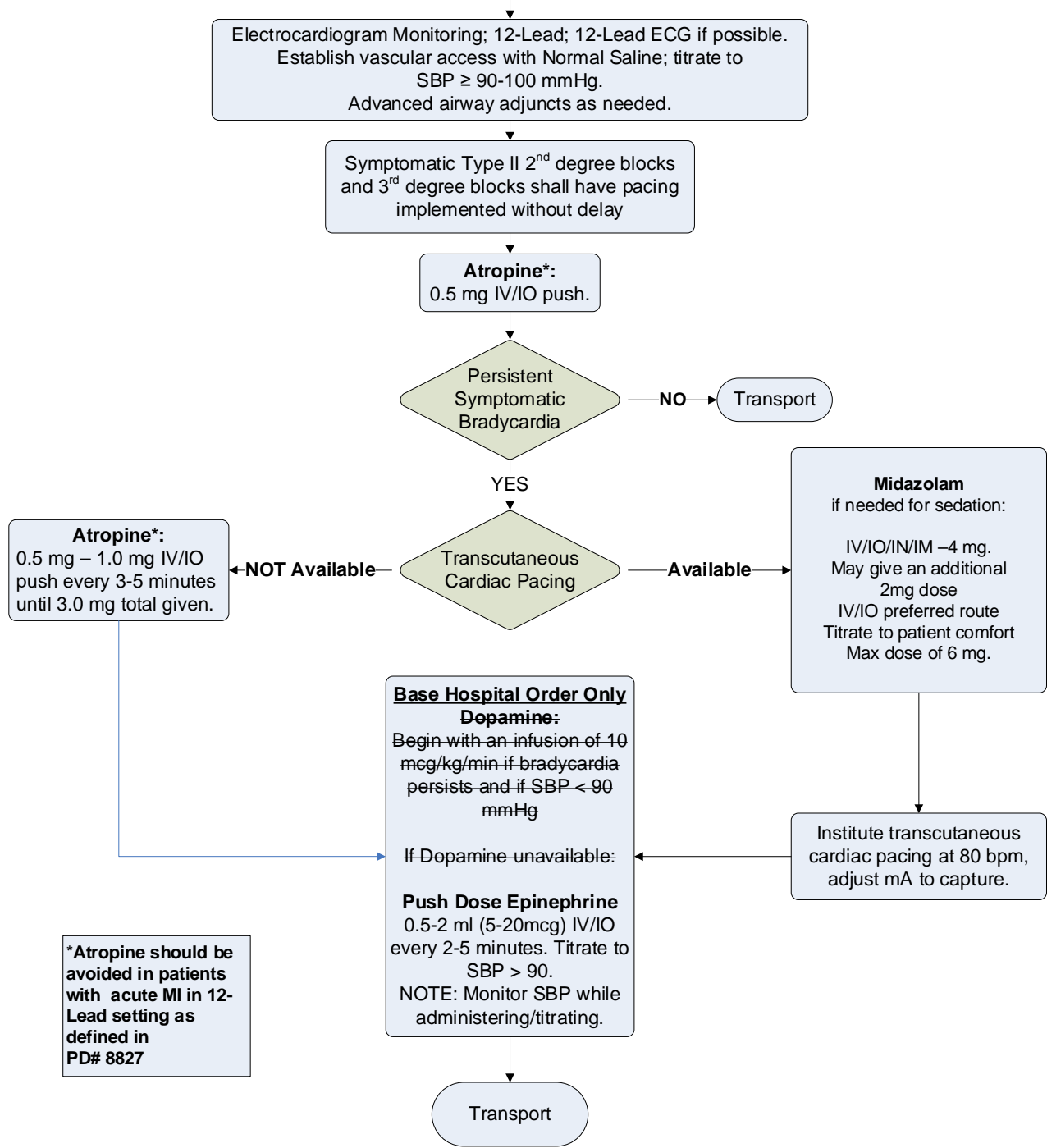
Search for and treat possible contributing factors:

1. Hypovolemia
2. Hypoxia
3. Hydrogen Ion (acidosis)
4. Hypo-/hyperkalemia
5. Hypoglycemia
6. Hypothermia
7. Tamponade (Cardiac)
8. Thrombosis (coronary or pulmonary)
9. Tension Pneumothorax
10. Trauma (hypovolemia, increased ICP)
11. Toxins

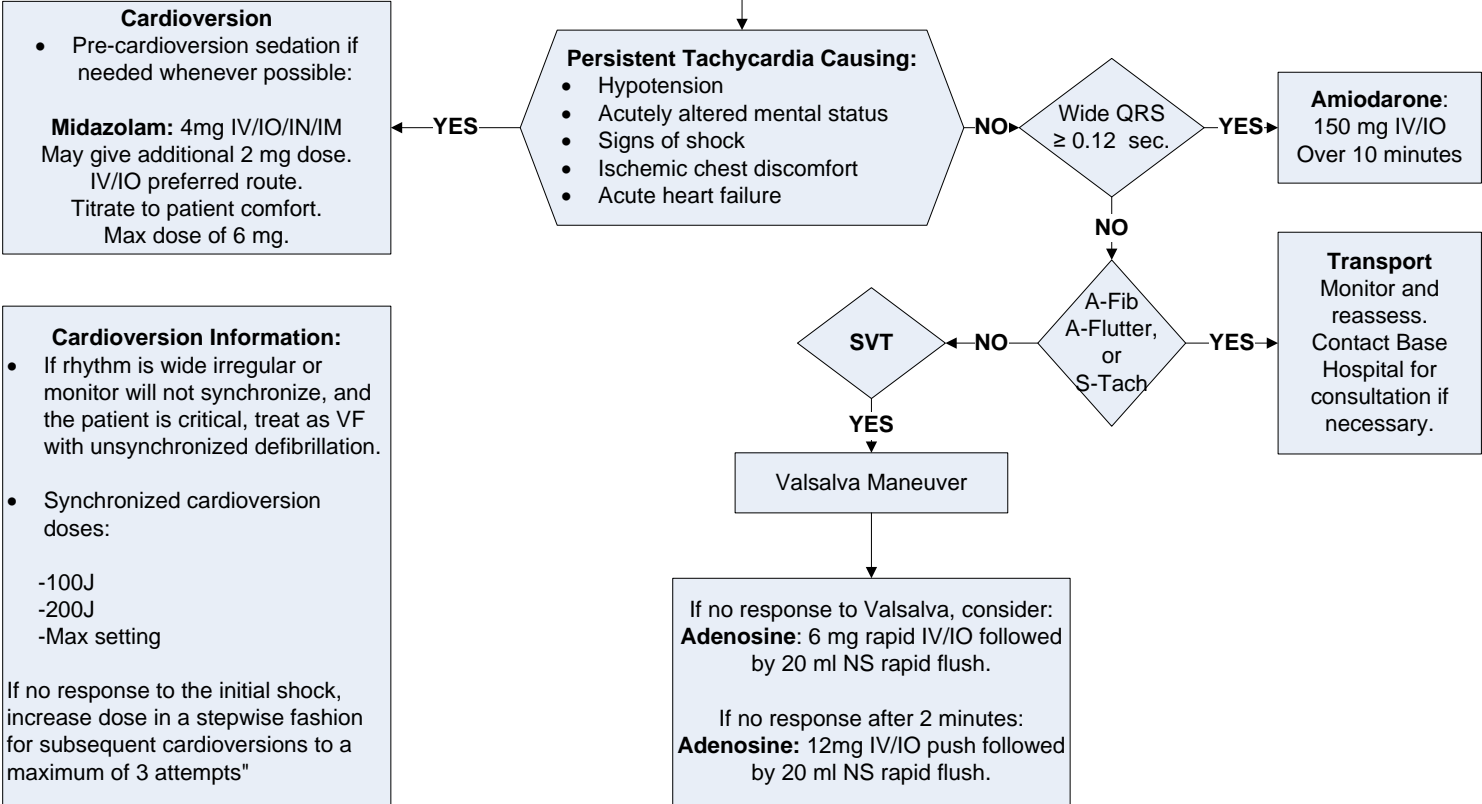
ADULT BRADYCARDIA

Protocol applies to adults who are symptomatically bradycardic with a heart rate of < 50 bpm documented by monitor, a systolic blood pressure (SBP) < 90 mmHg, -AND- other signs or symptoms of hypoperfusion that may include decreased sensorium, diaphoresis, chest pain, capillary refill greater than two seconds, cool extremities, or cyanosis.

Supplemental O2 as necessary to maintain SpO2 ≥ 94%. Use the lowest concentration and flow rate of O2 as possible. Profound bradycardia may require Cardiopulmonary Resuscitation (CPR)



Adult Tachycardia with Pulses
Narrow QRS HR > 150; Wide QRS HR > 120
 Supplemental O2 as necessary to maintain SpO2 ≥ 94%.
 Electrocardiogram Monitoring.
 Establish IV/IO access with Normal Saline TKO; titrate to systolic blood pressure (SBP) ≥ 90-100 mmHg.
 Monitor pulse oximetry, with advanced airway adjuncts as needed.



Note:
 Any patient with a symptomatic dysrhythmia should be treated by protocol before 12-lead ECG is considered. 12-lead ECGs for dysrhythmias in the pre-hospital setting are optional, and should only be considered when there is suspicion for cardiac ischemia.

Cross Reference: Transcutaneous Cardiac Pacing, PD# 8810