POLICY: 554.05
TITLE: Tachycardia with Pulses

EFFECTIVE: ~~02/01/2026~~Draft
REVIEW: ~~02/2028~~Draft
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

TACHYCARDIA with PULSES

I. AUTHORITY
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

II. PURPOSE
To serve as a patient treatment standard for EMRs, EMTs, AEMT's, and Paramedics within their scope of practice.

III. PROTOCOL
Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
P = Paramedic A=Advanced EMT D = Base Hospital Physician Order Required

	F	E	O	A	P	D
ASSESSMENT	X	X	X	X	X	
PULSE OXIMETRY: apply and monitor		X	X	X	X	
CAPNOGRAPHY: apply and monitor					X	
OXYGEN: if pulse oximetry < 94% or signs of respiratory distress or hypoperfusion	X	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.					X	
VASCULAR ACCESS: P - IV/IO, AEMT - IV only, rate as indicated				X	X	
12 LEAD ECG					X	
UNSTABLE: hypotension, altered mental status, signs of shock, ischemic chest discomfort, acute heart failure						
PAIN MANAGEMENT: If the patient's clinical condition is critical, do not delay cardioversion and cardiovert without sedation. • **MIDAZOLAM:** 0.5 – 1 mg increments titrated to patient's pain or spasm up to 5 mg IV/IO/IN. If no IV access available, 2 – 10 mg IM, 10 mg maximum. Hold for SBP < 100. • **FENTANYL:** 1-2 mcg/kg IV/IO/IM/IN. Maximum total 3 mcg/kg.					X	
CARDIOVERT: Synchronized at 200 J. **AP pad placement.** If unsuccessful repeat cardioversion.					X	
MAGNESIUM SULFATE: For Torsade de Pointes 2 gm, diluted with NS to a volume of 10 mL over 5 minutes IV/IO.					X	
STABLE: QRS < 0.12 seconds						
VAGAL MANEUVER: have patient hold their breath and bear down or immerse patient's face in ice-cold water.					X	
ADENOSINE: 6 mg, rapid IV push over 1-3 seconds. If rhythm does not					X	

convert, repeat adenosine at 12 mg. Maximum total dose of 18 mg. Follow each medication administration with 5-10 mL normal saline flush.						
	F	E	O	A	P	D
STABLE: QRS ≥ 0.12 seconds						
ADENOSINE: if regular and monomorphic administer 6 mg, rapid IV push over 1-3 seconds. If rhythm does not convert, repeat adenosine at 12 mg. Maximum total dose of 18 mg. Follow each medication administration with 5-10 mL normal saline flush.					X	
AMIODARONE: 150 mg in 100 mL of NS, infused IV/IO over 10 minutes. May repeat as needed up to a max. of 450 mg.					X	
ASSESSMENT: if arrythmia not resolved with medication intervention, consider cardioversion with pain management as above.					X	