

Learning Stations

SVT (Supraventricular Tachycardia) *Fast, Regular, Narrow*



Stable:

- * Vagal Maneuvers
- * Adenosine 6mg
- * Adenosine 12mg

Unstable:

Cardioversion 50J, 100J, 150J, 200J

V-TACH WITH A PULSE (Ventricular Tachycardia) *Fast, Regular, Wide*



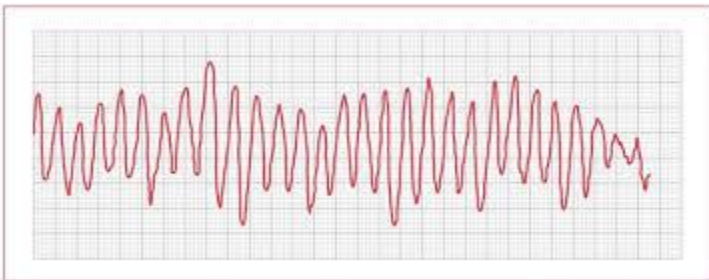
Stable:

Call for consult*

Unstable:

Cardioversion 50J, 100J, 150J, 200J

Torsade De Pointes (Irregular V-Tac) *Fast, Irregular, Wide*



- * Magnesium Sulphate - 1-2 Grams
 - * Unsynchronized Cardioversion (Defibrillation)
-

V-Fib (Ventricular Fibrillation) or pVT (Pulseless V-Tach) are *NOT* organized rhythms



- Check it
- Shock it
- CPR it
- Drug it

* Defibrillate 200J

* CPR

* **EPI 1 mg**

***** 2 minutes

* Defibrillate 200J

* CPR

* **Amiodarone 300 mg**

***** 2 minutes

* Defibrillate 200J

* CPR

* **EPI 1 mg**

***** 2 minutes

* Defibrillate 200J

* CPR

* **Amiodarone 150 mg**

***** 2 minutes

* High Quality CPR

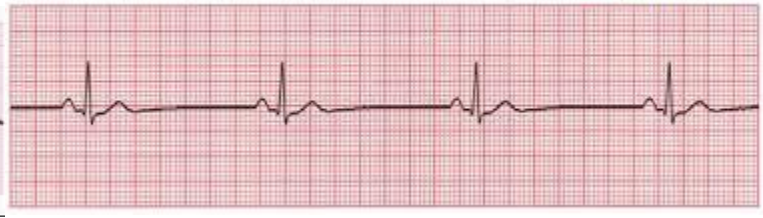
* **EPI every 4 minutes**

* Consider Intubation

* **ROSC?** Consider Hypothermia (32-36 C for at least 24 hours)

Asystole

PEA (Push Epi Always)

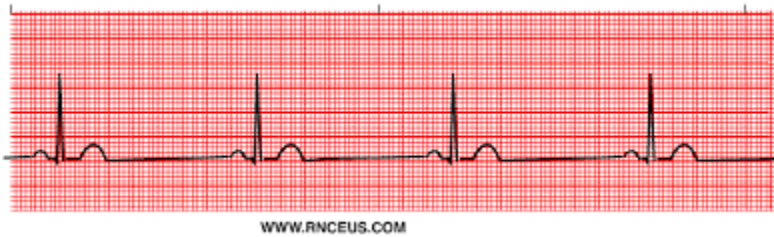


Treatments:

- * High quality CPR
- * EPI every 4 minutes
- * **NO Amiodarone**
- * **Non-shockable!!!**

- Check it
- CPR it
- Drug it (EPI only)

Bradycardias (Less than 50 BPM)



Stable: Monitor/Observe

Unstable: Atropine 1.0 mg (3 mg max) *NOT for 3rd degree HB*

- * Dopamine Infusion 5-20 mcg/kg/min
- * Epinephrine 2-10 mcg/min
- * Pacing
- * Treatment sequence based on symptoms

Heart Block Recognition Tips

First Degree (If your R's are far from P's, you probably have a First Degree)



Second Degree Type 1, Mobitz 1, Wenckebach (Long, long, longer drop- must be a Wenckebach)



Mobitz Type I

Second Degree Type 2, Mobitz 2 (If you see a P that doesn't have a Q, you probably have a Mobitz 2)



Third Degree Heart Block (If your P's and Q's do not agree, you probably have a 3rd degree)

