Synchronized cardioversion:
Refer to your specific device’s recommended energy level to maximize first shock success.

Adenosine IV dose:
First dose: 6 mg rapid IV push; follow with NS flush. Second dose: 12 mg if required.

Antiarrhythmic Infusions for Stable Wide-QRS Tachycardia

Procainamide IV dose:
20-50 mg/min until arrhythmia suppressed, hypotension ensues, QRS duration increases >50%, or maximum dose 17 mg/kg given. Maintenance infusion: 1-4 mg/min. Avoid if prolonged QT or CHF.

Amiodarone IV dose:
First dose: 150 mg over 10 minutes. Repeat as needed if VT recurs. Follow by maintenance infusion of 1 mg/min for first 6 hours.

Sotalol IV dose:
100 mg (1.5 mg/kg) over 5 minutes. Avoid if prolonged QT.

Persistent tachyarrhythmia causing:
- Hypotension?
- Acutely altered mental status?
- Signs of shock?
- Ischemic chest discomfort?
- Acute heart failure?

If refractory, consider:
- Underlying cause
- Need to increase energy level for next cardioversion
- Addition of antiarrhythmic drug
- Expert consultation

Identify and treat underlying cause
- Maintain patent airway; assist breathing as necessary
- Oxygen (if hypoxemic)
- Cardiac monitor to identify rhythm; monitor blood pressure and oximetry
- IV access
- 12-lead ECG, if available

Wide QRS? ≥0.12 second

Yes

Synchronized cardioversion
- Consider sedation
- If regular narrow complex, consider adenosine

No

Vagal maneuvers (if regular)
- Adenosine (if regular)
- ß-Blocker or calcium channel blocker
- Consider expert consultation

Consider
- Adenosine only if regular and monomorphic
- Antiarrhythmic infusion
- Expert consultation

Assess appropriateness for clinical condition.
Heart rate typically ≥150/min if tachyarrhythmia.