Information Needed

1. History: altered LOC, chest pain, shortness of breath, dizziness, syncope, sudden or gradual onset, previous episodes, diseases (cardiac, pulmonary, renal), medications, toxic exposures, overdose.
2. Physical findings: Heart rate too fast or too slow, pale, cool, clammy skin, hypotension, crackles (rales), peripheral edema, dialysis shunt.

General Treatment

1. Protect airway and assist ventilation as needed.
2. Administer O_2 if the patient is having difficulty breathing or has an SPO2 below 94%.
3. Determine vital signs (pulse, blood pressure, respirations, SPO2)
4. Apply monitor and determine rhythm.
5. Establish venous access and draw blood.
6. Perform physical exam.
7. Determine if patient is stable versus unstable.
8. If possible without delaying transport or vital care, obtain a 12 lead ECG.

Tachycardia

1. If unstable and not sinus tachycardia, cardiovert. If it will not delay cardioversion and the tachycardia is regular, a trial of adenosine may be attempted.
2. Sinus tachycardia-treat with fluid challenge or fluid bolus if no crackles (rales) are found.
3. Stable, symptomatic, regular tachycardias can be treated with vagal manuevers or adenosine. If these are ineffective, amiodarone can be used.
4. Irregular tachycardias, or tachycardia unresponsive to adenosine may be treated with amiodarone.
5. Patients with a history of WPW should be cardioverted if they are unstable. If they are stable, give supportive care and transport.
6. Multifocal VT (Torsades) should be treated with magnesium, but may also require cardioversion or defibrillation.

Bradycardia

1. If unstable or symptomatic, give atropine.
2. If atropine is ineffective, transcutaneous pacing or andrenergic infusion (epinepherine or dopamine) can be used.

Premature Ventricular Complexes

1. Not normally treated in field.
2. Symptomatic PVC's (>6 per minute, multifocal, couples or runs) can be treated with Lidocaine. Consult medical control***.***

Premature Atrial Complexes

1. Usually not severely symptomatic except in multifocal atrial tachycardia.
2. Treat multifocal atrial tachycardia with oxygen.

Notes

1. Any dysrhythmia is potentially unstable. Consider the placement of defibrillation patches early in treatment.
2. Paroxsysmal atrial tachycardia may be treated at the option of medical control even if the patient is not seriously compromised.
3. Sinus bradycardia is protective in acute MI.
4. Treat the patient, not the monitor. If the patient is not compromised they do not need field treatment.
5. Consider the use of sedation in transcutanous pacing and cardioversion.