This Standing Order applies when the Heart Rate is greater than 100, rhythm is regular or irregular, and the width of the base of the QRS complex is less than 0.12 seconds (3 small ECG boxes)

ALS STANDING ORDERS:

General:

1. Monitor and document cardiac rhythm with rhythm strip.
2. Pulse oximetry; if oxygen saturation less than 95%:

   ► *High-flow oxygen by mask as tolerated.*

Heart Rate 100 up to 150:

1. Assess for signs of hypovolemia; if hypovolemia suspected and lungs clear on auscultation and no signs of CHF:

   ► *Normal Saline, infuse 250 mL, repeat up to maximum 1 liter to maintain adequate perfusion.*

Heart Rate 150 and above:

1. Assess for signs of hypovolemia; if hypovolemia suspected and lungs clear on auscultation and no signs of CHF:

   ► *Normal Saline, infuse 250 mL, repeat up to maximum 1 liter to maintain adequate perfusion.*

2. If mild chest discomfort, lightheadedness, or diaphoresis:

   A. Attempt Valsalva maneuvers.

   B. If monitor showing regular narrow QRS heart rate ≥ 160 bpm after attempted Valsalva maneuver, give:

   ► *Adenosine: 6 mg, rapid IV over 1–3 seconds; If tachycardia persistsafter 2 minutes, repeat Adenosine 12 mg rapid IV*

   ► *If patient reports positive prior response only to Adenosine 12 mg dose, may skip 6 mg dose and administer Adenosine 12 mg once*

   C. ALS escort to nearest PRC if rhythm converts with adenosine or symptoms are unchanged.

3. Heart rate ≥ 150 with cardiac chest pain altered mental status or systolic BP less than 90 systolic:

   A. Synchronized cardioversion: *100 J initial shock; may repeat once with maximum energy if no conversion on first shock (or use manufacturer's recommended cardioversion energy for each shock).*

   B. ALS escort to nearest PRC or contact Base Hospital as needed for further orders.

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GUIDELINES:

- Supraventricular tachycardia is defined as a regular, narrow QRS complex rhythm with a rate of 160 bpm or above.
- Unstable patients, especially those with altered mental status, may require immediate cardioversion without premedication.
- Unstable patients may require unsynchronized cardioversion (defibrillation) if "synch" does not occur.
- Hold and do not give Adenosine to patients with history of asthma.
- For irregular heart beat tachycardia (usually atrial fibrillation), provide supportive care and ALS escort to nearest appropriate PRC.

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