

I. General Considerations

- A. Most deaths from arrhythmias occur within 1 to 2 hours from onset of symptoms of acute myocardial infarction.
 - B. If arrhythmia is associated with myocardial infarction, then the priority for treatment is thrombolytics or other in-hospital interventions; thus, time is critical.
 - C. Arrhythmias in patients with symptoms of acute MI must be treated more vigorously than asymptomatic patients.
 - D. Arrhythmias may be benign (not life threatening). Treat the patient, not the arrhythmia.
 - E. If there is evidence of decreased cerebral perfusion, immediate and appropriate treatment is needed.
 - F. Supraventricular and ventricular tachycardias are very difficult to differentiate at times. If there is a question and perfusion is poor, treat as though it is ventricular tachycardia. This will not harm the patient.
 - G. If the patient is perfusing adequately, no emergency treatment is needed. This is true of bradyarrhythmias as well as tachyarrhythmias.
 - H. If the patient is unconscious and pulses are not palpable, begin CPR.
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II. History

Perform a focused history and physical exam with particular attention to:

- A. Determine the onset, progression and duration of symptoms.
 - B. Is there co-existing chest pain, trouble breathing, nausea, vomiting, dizziness, loss of consciousness, palpitations or confusion? (If so, see appropriate protocol.)
 - C. Is there a history of trauma, especially chest trauma?
 - D. What was the patient doing immediately before and as the symptoms developed?
 - E. Has the patient ever experienced an episode like this before and if so, what was the cause and what treatment was effective?
 - F. Obtain the past medical history, including alcohol use, diabetes, hypertension, heart disease, lung disease, thyroid disease, kidney disease.
 - G. What medications has the patient been, or is the patient supposed to be, taking (including over the counter medications)?
 - H. Has the patient used any illicit medications?
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III. Physical Exam

- A. Perform an initial assessment.
- B. Perform a focused history and physical exam with particular attention to:
 - 1. Is the patient sweaty?
 - 2. Is the skin cool, clammy, pale in appearance?
 - 3. Is there peripheral edema?
 - 4. Is there neck vein distention?
 - 5. Is there evidence of chemical use, needle tracks, "runny nose"?
- C. Assess the patient's neurological condition.
- D. Inspect the surroundings.

Paramedic

- E. Assess the cardiac rhythm.
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IV. Treatment

{If trauma is present, follow the appropriate protocol}

{If the patient is pulseless, see the **cardiac arrest protocol**}

Basic

- A. Establish an airway, maintain as indicated, suction as needed.
- B. Administer high concentration oxygen.
- C. Place the patient in a position of comfort.
- D. If cardiac arrest is present, use the AED according to the cardiac arrest protocol.

Intermediate

- E. **If the patient is in respiratory arrest**, perform advanced airway management.
- F. Establish IV access.

Paramedic

- G. Assess and monitor the cardiac rhythm; treat arrhythmias/dysrhythmias per applicable protocols.
- H. Treat arrhythmias in accordance with current practices. The following algorithms outline acceptable approaches to the management of various arrhythmias. There is no implied preference for order of drug administration unless specifically described.