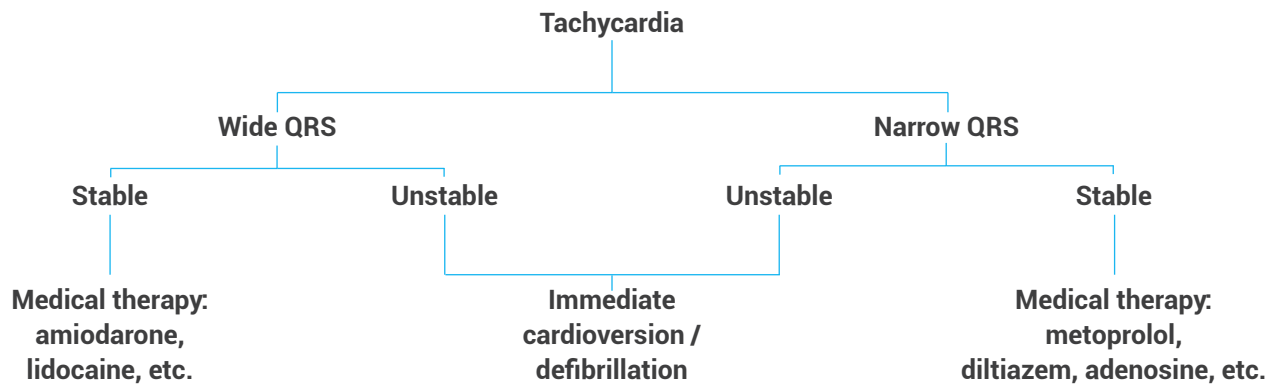


Rhythm disturbances

MANAGING WIDE COMPLEX TACHYCARDIAS

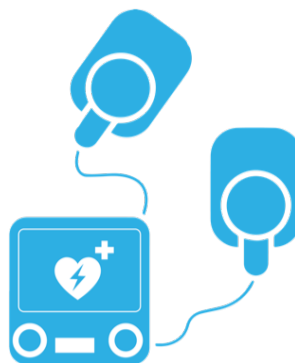
Fast rhythms can have a wide or narrow QRS complex.



Either type of rhythm may be the primary cause of shock. Any rhythm may be stable or unstable. This is defined by the patient's clinical condition.

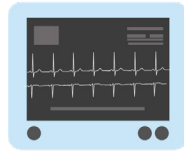
Unstable wide-complex tachycardias

An **unstable** wide-complex tachycardia should generally be treated with **cardioversion / defibrillation**.



Stable wide-complex tachycardias

A **stable** wide-complex tachycardia may be amenable to **medical therapy**. This may be considered in conjunction with ECG evaluation and / or expert consultation.



Medical options for supraventricular tachycardias commonly include

- Beta blockers like metoprolol
- Non-dihydropyridine calcium channel blockers like diltiazem
- Adenosine

Medical options for ventricular dysrhythmias commonly include

- Amiodarone
- Lidocaine

Irregular wide-complex tachycardia

An irregular wide-complex rhythm should prompt suspicion for atrial fibrillation with aberrant conduction (e.g., Wolff-Parkinson-White Syndrome), and should be treated only with electrical therapy or agents which preferentially block the accessory pathway, like procainamide.