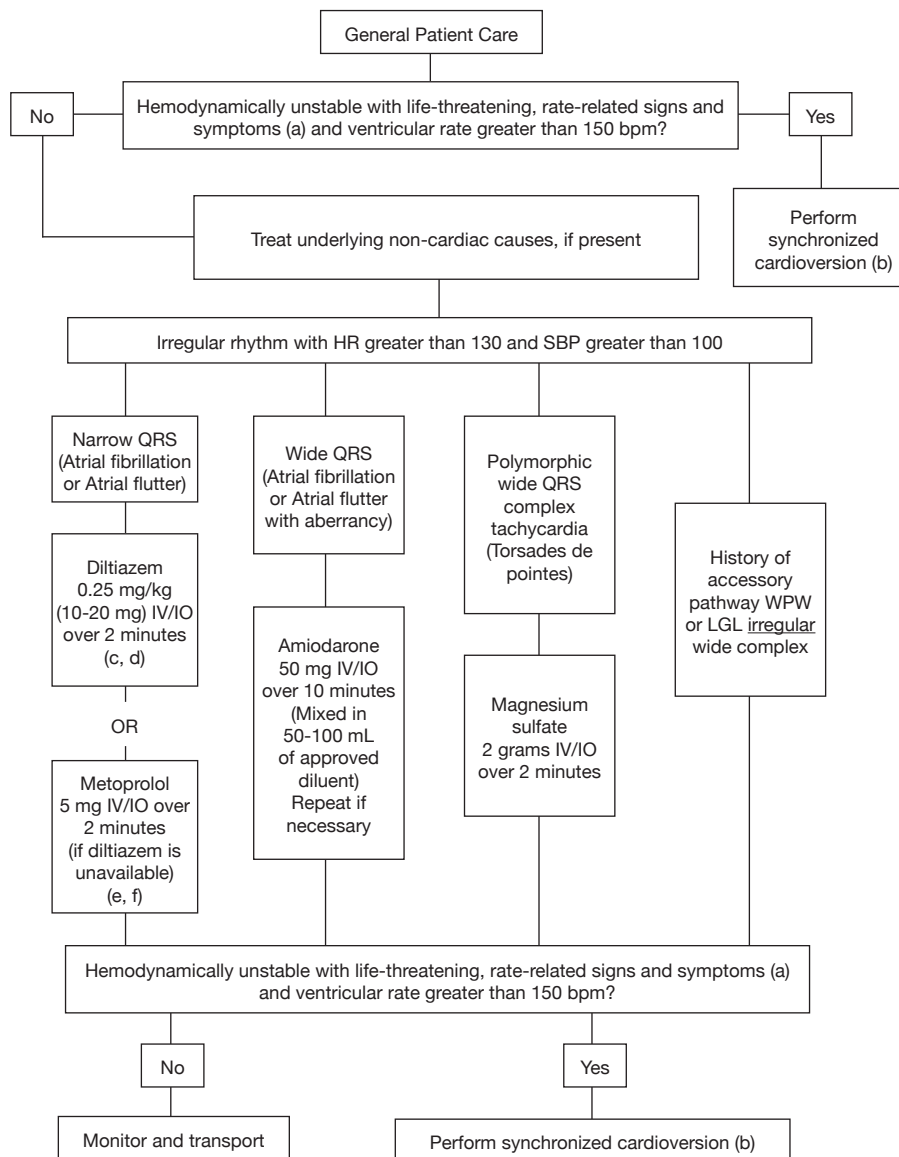


BLS



- Place patient in position of comfort.
- Assess and treat for shock, if indicated.
- Continuously monitor airway and reassess vital signs every 5 minutes.

ALS



- (a) Signs and symptoms related to tachycardia: hypotension, acutely altered mental status, signs of shock, ischemic chest discomfort/AMI, or acute heart failure.
- (b) Consider pre-procedural sedation or analgesia (*midazolam*, *ketamine* OR opioid). However, overall patient status, including BP, may affect ability to administer sedative/analgesia.
- (c) Consider *calcium chloride* 500 mg IV/IO over 3–5 minutes for hypotension induced by *diltiazem*. In patients with CHF or decreased ejection fraction, hypotension may occur rapidly following administration. Be prepared with *calcium chloride*.
- (d) If rate does not slow in 15 minutes, administer a second dose of *diltiazem* (0.35 mg/kg over 2 minutes, max dose of 25 mg). For patients older than 50 years of age, SBP 100–120, known renal failure or CHF, consider initial 5–10 mg SLOW IV bolus over 2 minutes.
- (e) If rate does not slow in 5 minutes, administer a second dose of *metoprolol* 5 mg IV/IO over 2 minutes. Not to exceed 10 mg IV (maximum total patient dose).
- (f) For patients with borderline blood pressure (SBP 100–120) or CHF, administer metoprolol slowly in 2.5 mg IV/IO increments, not to exceed 10 mg IV/IO (maximum).