

# TACHYCARDIA

**MEDICATIONS - seek expert help if uncertain**

**AMIODARONE - 300 mg IV over 10-20 mins then infusion of 900 mg over 24 hrs (see below)**

**Syringe Driver - Amiodarone 600mg / 50ml (12 mg/ml)**

Use AMIODARONE 300 mg in 3 ml ampules. Dilute 600 mg (4 x 3 ml = 12 ml) up to 50 ml with 5% Dextrose NOT NORMAL SALINE. In an emergency can give 150-300 mg over 1-2 minutes, otherwise commence with a loading dose of 5 mg/kg over 20 minutes, then follow with infusion of 0.4-0.7 mg/kg/hr over 24 hrs

50 ml syringe	70kg ADULT	DOSE RANGE	RATE OF INFUSION (Syringe Driver)
Loading Dose	350 mg (29 ml)		87 ml/hr for 20 mins only
Maintenance	28 - 50 mg/hr		2.3 - 4.2 ml/hr

**ADENOSINE : 6 mg - 12 mg - 18 mg via fast IV & flush**

**METOPROLOL : 5mg aliquots IV**

**ESMOLOL : at a dose of 0.5mg/kg  
100mg/ml dilute in 10ml = 10mg/ml  
100kg = 50mg = 5ml**

**DIGOXIN : load 125mcg - 500mcg as appropriate**

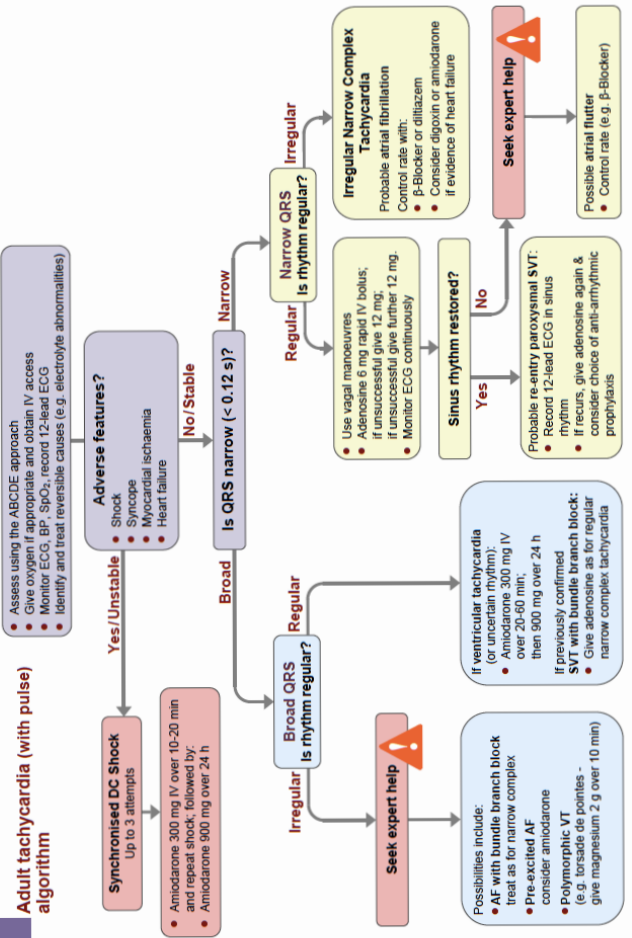
**DILTIAZEM : 0.25 mg/kg IV for SVT**

**MAGNESIUM : 2g over 20 mins**

# TACHYCARDIA

Resuscitation Council (UK)

2010 Resuscitation Guidelines



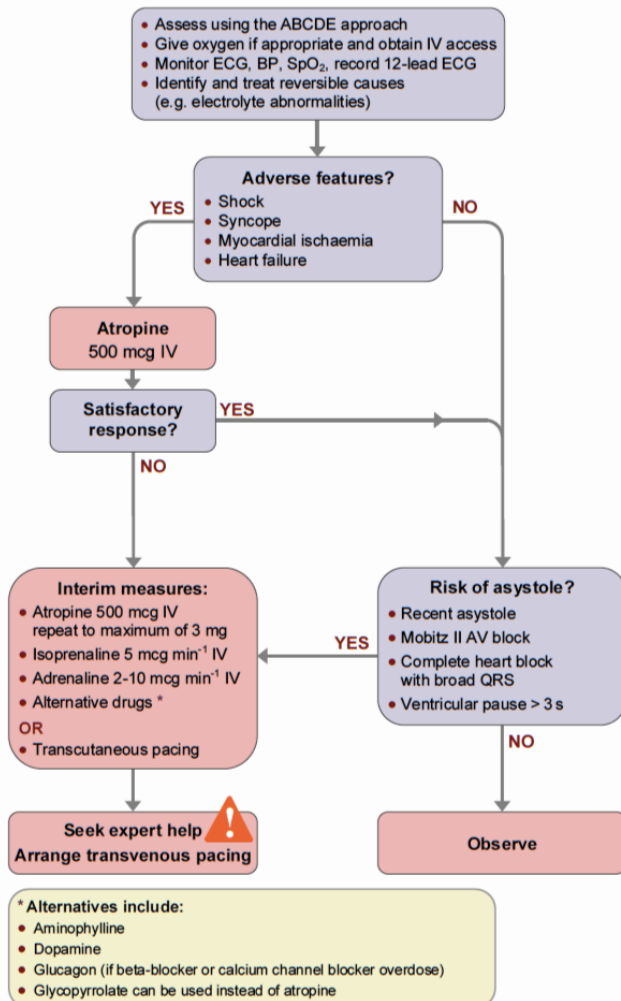
**see over for meds**

# BRADYCARDIA

2010 Resuscitation Guidelines

Resuscitation Council (UK)

## Adult bradycardia algorithm



# PACING

## ENSURE A VALID INDICATION

- symptomatic bradycardia

## CONSIDER ISOPRENALINE INFUSION

ADEQUATE SEDATION IF CONSCIOUS

SWITCH ON DEFIBRILLATOR

PLACE EXTERNAL PADS

AP OVER L STERNUM AND L SPINE

PACING MODE

START AT 60 mAs

RATE OF 80 bpm

SET AT >10% ABOVE CAPTURE mAs

Consider alternatives & adjuncts

eg: Isoprenaline Infusion  
Glucagon in beta-blocker OD

SEEK EXPERT HELP

see over for bradycardia

# FLUID WARMER

The lethal triad of **acidosis**, **coagulopathy** & **hypothermia** may kill your patient.

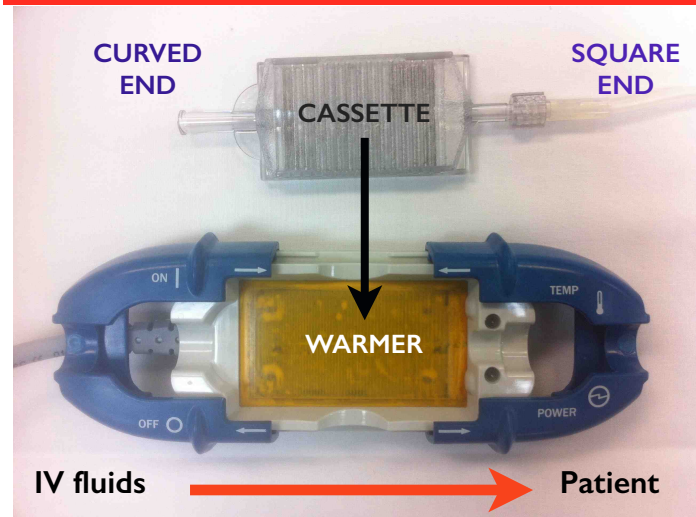
Maximise tissue perfusion, optimise FiO<sub>2</sub> & haemodynamics

Measure **CG4+** (pH,LACTATE) & **URINE OUTPUT**

Use the **EN-FLOW** fluid warmer to deliver fluids (CSL, N/Saline or Blood)



# FLUID WARMER



Attach **POWER PACK** to **IV POLE**  
Plug in to **MAINS ELECTRICITY**  
Connect **WARMER** to the **POWER PACK**

Connect **IV CASSETTE** to **FLUIDS** (upstream) & run a short IV extension to **PATIENT** (downstream)

Place **IV CASSETTE** into **WARMER PLATE**  
- the square end is pointed towards patient

**TURN ON** at **POWER PACK**  
Can run wide open or control via pump set

Make sure the **WARMER** and **CASSETTE** are not touching patient and are always visible

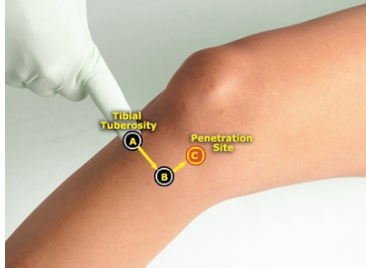
**THE WARMER PLATE CAN CAUSE BURNS TO SKIN**

# I/O ACCESS ADULT



**ADULT**  
Resus Trolley

Locate TIBIAL TUBEROSITY  
aim 2 cm medial,  
1 cm superior  
into TIBIAL PLATEAU



Hold flat at 90° to skin - remove safety latch  
Fingers under wings - LOCK ELBOWS & WRIST  
Apply pressure with palm - IO GUN will ACTIVATE  
remove trocar and secure (use the safety latch)

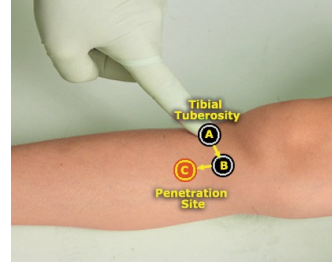
Take CG4+ (VBG) / Chem8 (Biochem)  
USE PRESSURE BAG TO INFUSE  
Prime with 1-2 mls of 2% lignocaine

# I/O ACCESS PAEDS



**PAEDIATRIC**  
Resus Trolley

Locate TIBIAL TUBEROSITY  
1-2 cm medial,  
1-2 inferior  
into TIBIAL PLATEAU



Adjust the penetration depth according to age :

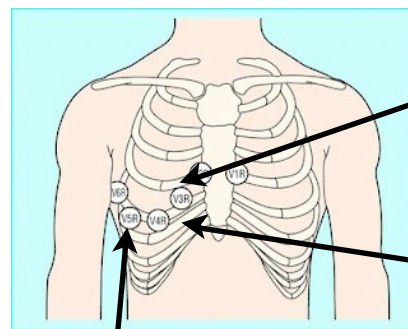
0-3 years	0.5 - 1.0 cm
3-6 years	1.0 - 1.5 cm
6-12 years	1.5 cm

Take CG4+ (VBG) / Chem8 (Biochem)  
USE SYRINGE & 3-WAY TAP TO INFUSE  
Prime with < 0.5mg/kg lignocaine (1% = 10mg/ml)

# RV POSTERIOR ECG

- RV3 halfway between V1 & V4R  
(use V1 lead and re-label)
- RV4 right side 5th intercostal space, mid-clavicular line  
(use V2 lead and re-label)
- RV5 same level as V4R on right anterior axillary line  
(use V3 lead and re-label)
- V7 same horizontal line as V4 on posterior axillary line  
(use V4 lead and re-label)
- V8 same horizontal line as V4 below midpoint of scapula  
(use V5 lead and re-label)
- V9 same horizontal axis as V4-V8 para-spinal region  
(use V6 lead and re-label)

# RV POSTERIOR ECG



RV5

Move leads V1-6  
to positions  
shown  
(see over)

