

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 07/01/02

Protocol: P-014

DYSRHYTHMIAS: OVERVIEW

SUBJECTIVE FINDINGS

- Presenting symptoms: time of onset, gradual or sudden.
- Associated symptoms: discomfort OPQRST (**O**=onset, **P**=provoked, **Q**=quality, **R**=radiation, **S**=severity, **T**=time), palpitations, dizziness, syncope, dyspnea, nausea, vomiting, fever, cough.
- Medical history: dysrhythmias, cardiac disease, stress, drug abuse, diabetes mellitus, renal failure, pacemaker.

OBJECTIVE FINDINGS

- Signs of shock.
- Signs of hypoxemia.
- Cardiac rhythm (on monitor and compared with pulse).

BLS Treatment	ALS Treatment
<ul style="list-style-type: none">• Routine Medical Care.• Assess ABC's.• High-flow oxygen 10-15L/min via non-rebreather mask, support ventilation as needed.• Continuous reassessment of vital signs and signs of perfusion.• Request ALS response	<ul style="list-style-type: none">• IV of NS.• Refer to specific DYSRHYTHMIA Protocol• If dysrhythmia resolves and chest pain continues, refer to CHEST PAIN/ACUTE CORONARY SYNDROM Protocol (P-010).• Continued cardiac monitoring throughout transport to the ED.

PRECAUTIONS AND COMMENTS

- The asymptomatic patient with adequate perfusion may not require anti-dysrhythmic treatment.
- Record cardiac rhythm strip of initial findings and all changes observed.
- NTG and other medication patches should be removed prior to cardioversion, defibrillation, or transcutaneous pacing.
- Consider a non-cardiac cause as source of the dysrhythmia, e.g. drugs, hypovolemia.