

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic**

SMO: Dysrhythmias Overview

Overview: Dysrhythmias represent a broad spectrum of cardiac rhythms ranging from rhythms that are relatively benign with the patient tolerating the rhythm well to very dangerous and unstable rhythms disturbances. Some rhythms will only require supportive care while others will require prompt intervention. This policy defines the initial approach to the patient suspected in having a rhythm disturbance.

INFORMATION NEEDED

- Presenting symptoms: time of onset, gradual or sudden
- Associated symptoms: discomfort (pain, location, quality, radiation, severity, previous occurrences), 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

TREATMENT

- Assess ABC's
- High-flow oxygen 10-15L/min via non-rebreather mask, support ventilation as needed with a BVM at 15 L/min.
- Continuous reassessment of vital signs and signs of perfusion
- Routine Medical Care
- Request ILS or ALS intercept

Documentation of adherence to protocol:

- Application of high-flow Oxygen
- Appropriate ILS or ALS intercept made

PRECAUTIONS AND COMMENTS

- Consider a non-cardiac cause as source of the dysrhythmia, e.g. hypoxia, drugs, hypovolemia.

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT –Paramedic**

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OBJECTIVE FINDINGS

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

TREATMENT

- Assess ABC's
- High-flow oxygen 10-15L/min via non-rebreather mask, support ventilation as needed with BVM at 15 L/min.
- Advanced Airway intervention as needed
- Continuous reassessment of vital signs and signs of perfusion
- Routine Medical Care
- IV NS
- Refer to specific DYSRHYTHMIA Protocol
- If dysrhythmia resolves and chest pain continues, refer to CHEST DISCOMFORT Protocol
- Continued cardiac monitoring throughout transport to the ED

Documentation of adherence to protocol:

- Application of high-flow Oxygen
- Documentation of Cardiac monitoring
- Rhythm strip printed and placed on patient's run report.
- Correct identification of patient rhythm.

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

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.

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs