

Rhythm disturbances

ADMINISTERING ANTIDYSRHYTHMICS

Antidysrhythmics may have an adjunctive role for non-perfusing rhythms, especially those refractory to electrical cardioversion or defibrillation.

It is important to distinguish an appropriate sinus tachycardia secondary to another treatable cause of arrest (e.g., extreme hypotension from tension pneumothorax).



Exclude alternative causes before treating with antidysrhythmics

Treating with antidysrhythmics

Amiodarone and lidocaine are common treatment options for ventricular dysrhythmias, and neither has established superiority over the other. However, lidocaine does have a smaller volume of distribution, which may give it a theoretical advantage.

Beta-blockers like esmolol or metoprolol may be considered as second-line therapy for refractory cases of ventricular dysrhythmias.

Alternatively, administering smaller doses of beta-agonists like epinephrine (or eliminating it altogether) may provide a similar improvement on decreasing ventricular excitability.

Electrolyte abnormalities should be corrected, when possible, and magnesium may have an adjunctive effect, especially in cases of torsades de pointes.