DIFFERENTIATION OF WIDE COMPLEX TACHYCARDIAS.

The more of these present, greater the chance of VT.
*If in doubt, treat as VT, especially if sick.*

1: History of:
- Ischaemic heart disease
- Cardiac failure
- Cardiomyopathy
  + increasing age

2: Atrio-ventricular dissociation

3: Capture beats or fusion beats

4: Very wide QRS (> 0.14secs)

5: Bizarre or extreme axis = VT (a positive complex in AVR strongly supports this)

6: Negative concordance across chest leads = VT
   Positive concordance tends towards VT
   Non-concordance = 50:50

7: V1
   - monophasic R, or biphasic RS
     - taller left (initial) peak on “rabbits ears” = VT;
     - if second peak is taller = 50:50
     - “fat” initial R wave (0.04 secs or >) lean towards VT

8: V6
   - monophasic QS or
     - biphasic QR
     - suggests VT

9: Triphasic V1 & V6 = < 10% VT
MCL 1 or V1
Left Rabbit-Ear Taller Than Right

Ventricular Ectopy

MCL 1 or V1
Fat Initial R Waves Favor Ventricular

MCL 6 or V6
Patterns That Favor Ventricular

Morphological clues highly suggestive of V tach.