The more of these present, the greater the chance of VT.

*If in doubt, treat as VT, especially if sick.*

1. History of any of the following (+ increasing age):
   - ischaemic heart disease
   - cardiac failure
   - cardiomyopathy

2. Atrio-ventricular dissociation

3. Capture beats or fusion beats

4. Very wide QRS (>0.14 seconds)

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 seconds) = leans towards VT

8. V6 – monophasic QS or biphasic QR = suggests VT

9. Triphasic V1 and V6 = < 10% chance VT
Morphological clues highly suggestive of VT:

V1 (or MCL 1) – left rabbit-ear taller than right

V1 (or MCL 1) – fat initial R waves favour ventricular

V6 (or MCL 6) – patterns that favour ventricular