INTRODUCTION:
We reviewed 3 papers on the topic of antiarrythmics for the termination of ventricular tachycardia.

DISCUSSION:
Discussion surrounding which drug was best for the termination of VT. The DeSouza article showed:
In the 4 studies comparing anti-arrythmic to lidocaine, lidocaine was worse at termination then compared to procainamide, sotalol, and ajmaline. In the retrospective trial between procainamide and amiodarone there was no significant difference in success rate.
The Dorian article showed:
Survival to Admission: Of 180 patients in the amiodarone group 41 patients, or 22%, survived to admission compared to 20 patients, or 12%, of 167 patients in the lidocaine group.
Survival to Discharge: Nine amiodarone group patients survived to discharge, while five of the lidocaine group patients survived to discharge.
This difference was not statistically significant (p = 0.34)
The Tomlinson article showed with bolus dosing of amiodarone a conversion rate of:
<20 min termination in 6/41 (15%)
<1h termination in 12/41 (29%)

SUMMARY:
Both procainamide and amiodarone are effective in terminating VT. Procainamide appears to be the drug of choice but ambulances frequently have started amiodarone en route to the hospital and mixing drugs may be harmful. If seeing the patient denovo, consider procainamide in stable patients as first line. If amiodarone started prehospital, consider continuing on with amiodarone for treatment.