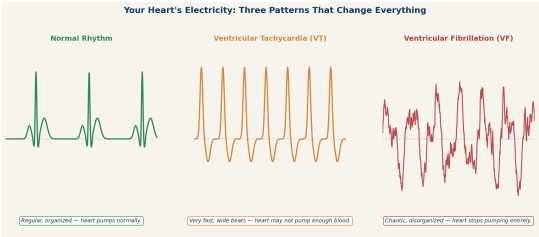
Ventricular Tachycardia & Ventricular Fibrillation

VT and VF — Why Cardiac Arrest Happens and How AED + CPR Save Lives

A fast or chaotic rhythm can stop the heart in seconds. Call 911. Start CPR. Use an AED — every minute matters.



Online: https://go.riasalimd.com/vt-vf-guide

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Names & Terms You Will Hear

Term	Meaning
Ventricular tachycardia (VT)	Three or more fast beats in a row from the heart's lower chambers, at 100 beats per minute or more. VT can be brief or sustained.
Ventricular fibrillation (VF)	Chaotic, uncoordinated electricity in the lower chambers. The heart quivers and stops pumping. Fatal within minutes without a defibrillator shock.
NSVT (non-sustained VT)	A brief run of VT — under 30 seconds — that stops on its own. Usually harmless in a healthy heart, but concerning when the heart muscle is weak or a gene disorder is present.
Sustained VT	VT that lasts 30 seconds or longer, or causes symptoms and needs treatment to stop.
Monomorphic VT	Each fast beat looks the same on the ECG. This usually means one fixed electrical circuit, often in scar tissue.
Polymorphic VT / Torsades de Pointes	The beat shape shifts with each heartbeat, giving a twisting pattern on the ECG. Most often caused by a long QT interval.
ICD (implantable cardioverter-defibrillator)	A small device under the skin that watches the heart rhythm and gives a shock if a dangerous rhythm is detected.
Catheter ablation	A procedure where thin tubes reach the heart and destroy the small area of tissue causing the dangerous rhythm.
Long QT syndrome (LQTS)	A genetic or drug-related condition where the heart takes too long to reset after each beat. This raises the risk of Torsades and VF.
Brugada syndrome	A gene condition that shows a unique ECG pattern and raises the risk of VF, especially with fever. More common in men and people of Southeast Asian descent.

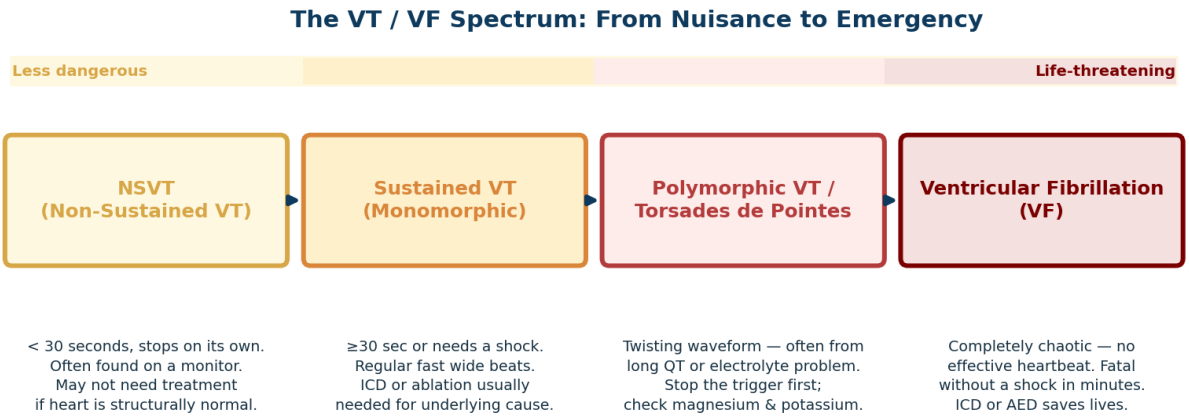
Term	Meaning
CPVT (catecholaminergic polymorphic VT)	A rare gene disorder where exercise or strong emotion triggers VT. Treated with beta-blockers; flecainide is added if needed.
VT storm	Three or more VT or VF episodes in 24 hours, each needing treatment. A medical emergency.
QT interval	The part of the ECG showing how long the heart takes to reset after each beat. A long QT raises the risk of Torsades.
Amiodarone	A strong heart rhythm medicine used to reduce VT and VF. Given by IV in emergencies; also taken as a daily pill.

VF is a cardiac arrest — call 911 and use an AED. If someone collapses and does not respond, assume VF until proven otherwise. Start CPR immediately and use the nearest AED. Every minute without a shock cuts survival by roughly 10 percent. **Do not wait. Do not drive to the ER.**

Hands-Only CPR — the "Stayin' Alive" beat. Push hard and fast on the center of the chest at **100 to 120 beats per minute**. That is the tempo of "Stayin' Alive" by the Bee Gees — sing the chorus in your head to keep the rate. Compressions go **2 to 2.5 inches deep** (about one-third of the chest). Don't stop until help arrives or the person responds. Take a free Hands-Only CPR class — see resources at the end of this guide.

Ventricular Tachycardia & Ventricular Fibrillation?

- VT means the bottom chambers of the heart beat very fast — 100 beats a minute or more. The heart may not pump enough blood.
- VF means the heart quivers chaotically and stops pumping. It causes cardiac arrest. Without a shock, VF is fatal within minutes.
- VT and VF range from brief and mild (NSVT) to life-threatening (VF). How serious it is depends on the type, how often it happens, and whether the heart muscle is weak.
- Many VT episodes start in scar tissue from a prior heart attack. Others start in a healthy heart — these are called idiopathic VT and tend to have a better outcome.
- Channelopathies are gene disorders that affect the heart's electrical channels. They are an important and treatable cause of VT and VF, especially in young people with no prior heart disease.
- The ECG (heart tracing) and a 24-hour monitor are the main tests for VT. Blood tests for electrolytes and thyroid, and imaging of the heart muscle, are usually part of the workup.



The VT/VF spectrum, from NSVT (brief, often self-limited) to ventricular fibrillation (immediately fatal without a shock). Understanding where your rhythm falls guides how urgently it needs treatment.

Channelopathy Comparison: LQTS, Brugada Syndrome, and CPVT

Condition	What triggers it	ECG pattern	First-line treatment
Long QT Syndrome Type 1 (LQT1)	Exercise, swimming, emotional stress	Broad-based T wave; long QT	Beta-blocker (nadolol/propranolol); avoid QT-prolonging drugs; swim with supervision or avoid competitive swimming
Long QT Syndrome Type 2 (LQT2)	Sudden loud sounds (alarm clocks, phones); post-partum period	Low-amplitude, notched T wave; long QT	Beta-blocker; avoid startling sounds at night; potassium supplementation to keep K+ > 4.0
Long QT Syndrome Type 3 (LQT3)	Sleep, rest, bradycardia	Late-onset T wave; very long ST; QTc often > 500 ms	Beta-blocker less effective; mexiletine or ranolazine; pacemaker in some; ICD for high-risk patients
Brugada Syndrome	Fever, alcohol, large meals; certain drugs (flecainide, pilsicainide, sodium-channel blockers, some antidepressants)	Coved ST elevation in V1-V3; right-bundle-branch-block pattern	ICD for symptomatic patients; quinidine; avoid fever triggers; carry a CredibleMeds-checked drug list
CPVT (Catecholaminergic Polymorphic VT)	Exercise or strong emotion (adrenaline surge)	Bidirectional VT on exercise test; normal resting ECG	Beta-blocker (nadolol preferred); add flecainide if breaks through; restrict competitive sports; ICD for survivors of cardiac arrest

NSVT — Non-Sustained Ventricular Tachycardia

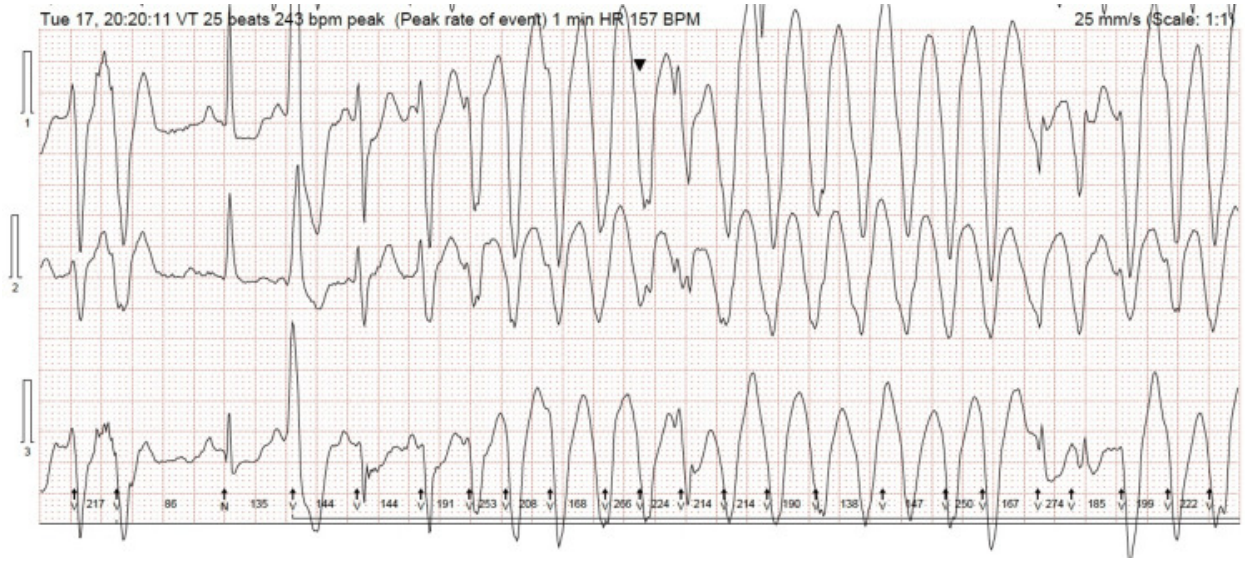
- NSVT is defined as 3 or more consecutive ventricular beats at over 100 bpm that last less than 30 seconds and stop on their own.
- In a structurally normal heart (normal echo, normal EF), NSVT is often benign — sometimes called 'idiopathic' and usually arising from the right ventricular outflow tract (RVOT).
- In a weakened heart (EF below 35-40%) or after a heart attack, NSVT is a marker of increased sudden-death risk and warrants ICD evaluation.
- NSVT is often found incidentally on a Holter monitor or during a hospital stay. It rarely causes symptoms by itself.
- Even 'benign' NSVT should be reported and followed up — your doctor will decide whether further testing is needed.

Sustained VT — Monomorphic and Polymorphic

- Sustained VT lasts 30 seconds or longer and usually requires treatment: a defibrillator shock or an antiarrhythmic medicine.
- Monomorphic VT (each beat looks the same on ECG) most often comes from scar reentry — a fixed circuit around old heart-attack scar tissue. Catheter ablation can target this circuit.
- Polymorphic VT changes shape with each beat. When the QT is long, this pattern is called Torsades de Pointes and the priority is correcting the cause: normalizing potassium and magnesium, stopping QT-prolonging drugs, giving IV magnesium.
- Peri-infarct VT (occurring within 48-72 hours of a heart attack) is treated aggressively in the hospital but does NOT worsen long-term prognosis once it is controlled.
- Hemodynamically unstable VT (causing low blood pressure or unconsciousness) is treated with an immediate electrical shock, just like VF.

Why It Matters

- VF is the most common cause of sudden cardiac death in the U.S. It causes about 300,000 cardiac arrests every year.
- Without a shock, VF is fatal within 5 to 10 minutes. Every minute without a shock reduces survival by about 10 percent.
- Sustained VT can cause dizziness, fainting, or cardiac arrest. It can also switch to VF without warning.
- Even brief NSVT can be an early warning sign. It is especially serious when the heart muscle is weak.
- An ICD detects and stops a dangerous rhythm in seconds — often before you feel any symptoms.
- Some dangerous rhythms have a reversible cause. Low potassium, certain medicines, or active ischemia can trigger VT. Finding and fixing the cause may eliminate the problem entirely.



A real Holter monitor tracing capturing a 25-beat run of polymorphic ventricular tachycardia at a peak rate of 243 bpm in a patient with troponin-negative chest pain. This is what the dangerous, chaotic rhythm actually looks like on a recording — not just a diagram. Image: Baruah et al., Cureus 2025 (CC BY 4.0).

VT Type and Heart Structure — How Risk Is Stratified

Idiopathic VT (normal heart)	Channelopathy (LQTS / Brugada / CPVT)	Structural Heart Disease VT	VF / Cardiac Arrest Survivor
• RVOT or fascicular VT	• Genetic ion-channel disorder	• Post-MI scar or CMP	• Secondary prevention ICD
• No structural disease	• Normal heart structure	• EF often reduced	• Urgent workup for cause
• Excellent prognosis	• Trigger-avoidance critical	• ICD almost always needed	• Treat reversible triggers
• Ablation often curative	• Beta-blocker ± flecainide	• Ablation reduces episodes	• Lifelong ICD follow-up
• ICD usually not needed	• ICD for high-risk patients	• Antiarrhythmic meds adjunct	• Family screening if genetic

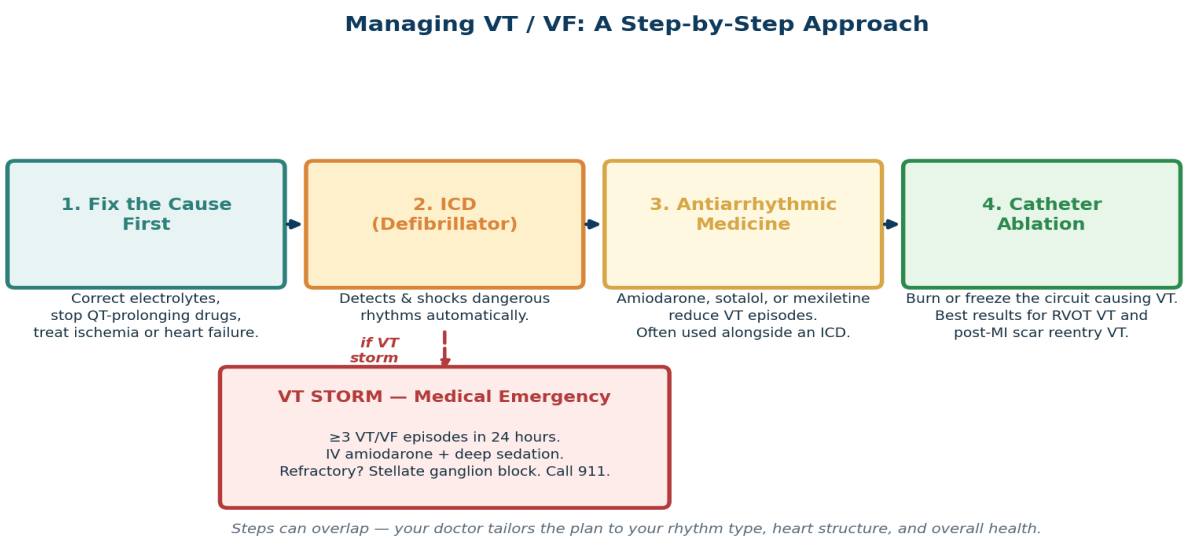
Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Prior heart attack (myocardial infarction)	Scar tissue from a heart attack creates abnormal electrical pathways that reenter and sustain VT. The most common cause of sustained VT in adults.
Reduced heart pump function (low EF / cardiomyopathy)	A weakened heart (ejection fraction below 35-40%) is at higher risk for both VT and VF. This is the main criterion for ICD 'primary prevention' implant.
Hypertrophic cardiomyopathy (HCM)	Abnormal muscle thickening disrupts electrical paths and is a leading cause of sudden death in young athletes.
Arrhythmogenic cardiomyopathy (ARVC)	Fatty or fibrous replacement of right ventricular muscle creates a VT-prone substrate, especially with exercise.
Inherited channelopathy (LQTS, Brugada, CPVT)	Gene mutations alter ion channels, causing ECG abnormalities and predisposing to potentially fatal rhythms without structural heart disease.
Low potassium or magnesium	Electrolyte deficiencies prolong the QT interval and make the heart electrically unstable. Correcting them can eliminate the arrhythmia.
Drugs that prolong the QT interval	Many common medicines — certain antibiotics, antidepressants, antihistamines, and antifungals — can push the QT to a dangerous length and trigger Torsades de Pointes.
Active ischemia or new heart attack	A fresh heart attack injures muscle and destabilizes electrical circuits, making VT and VF much more likely in the first 48-72 hours.
Prior cardiac arrest	Surviving a VF or pulseless VT episode is the strongest reason to get an ICD. This is called secondary prevention.
Family history of sudden cardiac death	A close relative who died suddenly under age 50 raises concern for a gene disorder or cardiomyopathy in the family.

Treatment Options

- VF or pulseless VT: a defibrillator shock (AED) is the only effective treatment. Call 911 and use an AED right away.
- In the hospital, IV amiodarone and electrolyte correction help stabilize dangerous rhythms while the cause is found.
- After surviving a cardiac arrest from VF or VT, an ICD is almost always recommended to prevent another event.
- Primary prevention ICD: if your heart pump is 35% or less and you have been on heart medicines for 3 months, an ICD may be placed before a cardiac arrest ever happens.
- Antiarrhythmic pills (amiodarone, sotalol, mexiletine) reduce VT episodes. They are often added for ICD patients who are still getting shocks.
- Catheter ablation can cure or reduce VT. It works best for idiopathic RVOT VT (>90% cure rate) and fascicular VT. For scar-based VT, it reduces episodes but usually does not replace the need for an ICD.
- Channelopathy treatment: beta-blockers for LQTS and CPVT; flecainide added if beta-blockers alone are not enough; ICD for high-risk patients.



A layered approach to VT/VF: correcting reversible causes is always the first step. An ICD provides automatic protection. Antiarrhythmic medicines and catheter ablation reduce episodes. VT storm is a separate medical emergency that requires immediate hospitalization.

Idiopathic VT — When the Heart Is Otherwise Normal

- Idiopathic VT arises in structurally normal hearts — no prior heart attack, no cardiomyopathy. The two most common types are RVOT VT and fascicular VT.
- RVOT VT (right ventricular outflow tract VT) typically causes palpitations with exercise. It has a characteristic 'left-bundle-branch-block, inferior-axis' ECG pattern. Prognosis is excellent.
- Fascicular VT (Belhassen VT) originates from the left fascicle system. It shows a right-bundle-branch-block pattern on ECG and is uniquely sensitive to verapamil — a diagnostic and therapeutic clue.
- Catheter ablation is highly effective for idiopathic VT: cure rates exceed 90% for RVOT VT and are similarly high for fascicular VT. Many patients can stop antiarrhythmic medicine after a successful ablation.
- If the heart is structurally normal and the arrhythmia is idiopathic, an ICD may not be needed — discuss with your electrophysiologist.

Catheter Ablation for VT — What to Expect

- Ablation is a catheter procedure done in an electrophysiology (EP) lab. Thin tubes are threaded from the groin to the heart. Heat or cold energy destroys the tiny area of tissue causing VT.
- 3D electroanatomic mapping creates a detailed electrical map of the heart's surface to find the VT circuit — especially useful for scar-based VT where the circuits are complex.
- Expected outcomes by VT type: idiopathic RVOT or fascicular VT — over 90% long-term freedom from VT; post-MI scar VT — moderate success, 50-70% reduction in VT burden, most patients still need an ICD after ablation; ARVC-related VT — ablation can reduce episodes but relapses are common.
- Most ablation procedures take 3-5 hours and require an overnight hospital stay. Recovery is usually 1-2 days for groin access.
- Ablation does not replace the ICD in structural heart disease — it reduces the number of episodes and shocks, lowering the burden on the device and improving quality of life.

VT Storm — 3 or more VT/VF episodes in one day. This is a medical emergency. If your ICD fires three or more times in 24 hours — or if you feel very unwell after shocks — **call 911 or go to the ER immediately. Do not drive yourself.** VT storm requires IV medicines, monitoring, and sometimes sedation or special nerve procedures to stabilize the heart.

Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
ICD — primary prevention (weak heart, no prior cardiac arrest)	Risks: bleeding, infection, lead problems, or a collapsed lung (rare). Inappropriate shocks happen in 10-20% of patients. They are painful but not dangerous.	Detects and stops VT/VF within seconds. Lowers sudden death risk by about 30% in patients with EF of 35% or less.	Heart medicines alone (no ICD); wearable defibrillator vest as a short-term bridge if EF may improve.
ICD — secondary prevention (after cardiac arrest or sustained VT)	Same risks as above. The case for an ICD is usually clear because a life-threatening event already occurred.	Cuts the risk of dying from a second VF/VT episode by about 50% versus medicines alone.	Long-term amiodarone — only if ICD is not possible or not wanted.
Catheter ablation for VT	Risks: bleeding, vascular injury, or rarely a hole in the heart or need for a pacemaker. For scar-based VT, ablation reduces episodes but usually does not replace the ICD.	Reduces VT burden, shocks, and hospital stays. For idiopathic RVOT VT, cure rates are over 90%.	Antiarrhythmic medicine to suppress VT; ICD protection alone.
Long-term antiarrhythmic medicine (amiodarone)	Long-term side effects: thyroid, lung, and liver problems; skin sensitivity to sunlight. Needs regular lab checks.	Reduces VT and ICD shocks. Works for many VT types and can be given by IV in an emergency.	Sotalol or mexiletine (fewer side effects); ablation to reduce dependence on medicines.

A transvenous implantable cardioverter-defibrillator (ICD) — the generator (left) contains the battery and computer; the lead (right, with shock coils visible) threads into the right ventricle to sense the rhythm and deliver a shock when needed. Image: Wikimedia Commons (CC BY 2.0).

After an ICD Shock — What to Do Next

- An 'appropriate' shock means the ICD detected a real VT or VF episode and terminated it. You are alive because of the device.
- An 'inappropriate' shock means the ICD misread a fast normal rhythm (atrial fibrillation or exercise-related sinus tachycardia) as VT. Painful and stressful — but not dangerous to the heart. Report it; device settings can be adjusted.
- After a single shock that you feel recovered from: call our office the same day. Do not ignore this event.
- After multiple shocks in a short time, or if you feel faint, confused, or unwell: call 911 — this may be VT storm.
- The psychological impact of ICD shocks is real. Many patients develop anxiety or depression after shocks. Ask us about counseling and support-group referrals.
- ICD remote monitoring (transmitting rhythm data to our office) lets the team review events quickly. Make sure your device is enrolled and transmitting regularly.

Drug-induced QT Prolongation — check before you start. Many common medicines can lengthen the heart's electrical recovery time (QT interval) and trigger a dangerous rhythm called Torsades de Pointes. This includes some antibiotics (azithromycin, fluoroquinolones), antidepressants, antihistamines, and antifungals. **Visit CredibleMeds.org** or ask your pharmacist to check every new prescription — especially if you have a known QT problem or take multiple QT-active drugs together.

Common Misconceptions

Myth	Reality
VT always causes dizziness or fainting.	Some VT — especially brief NSVT — causes no symptoms at all. It is found on a monitor by chance. VF, on the other hand, causes loss of consciousness almost instantly.
An ICD will stop my heart if it reads my rhythm wrong.	ICDs can give an incorrect shock if they mistake a fast normal rhythm for VT. This is painful but not dangerous. Your doctor programs the device to keep this risk low.
I don't need to call 911 after an ICD shock.	Always call your care team after any shock. If you get multiple shocks or feel unwell, call 911 right away. This could be VT storm.
Only older people with heart disease get VT or VF.	Young, healthy people can get VT and VF from gene disorders (LQTS, Brugada, CPVT) or thick heart muscle (HCM). These are the most common causes of sudden death in young athletes.
Torsades de Pointes is just a type of regular VT.	Torsades has a twisting look on ECG and a specific cause: a long QT interval. Treating it like scar-based VT can be dangerous. The triggers and fixes are different.
Once my VT is treated with ablation, I no longer need an ICD.	Ablation reduces VT episodes but does not remove the risk of VF. If you have a weak heart or prior heart attack, the ICD stays as your safety net even after a good ablation result.
Avoiding caffeine and alcohol cures VT.	Lifestyle changes may reduce some triggers. But structural or gene-related VT needs medical treatment. Talk to your doctor before making changes to your routine.

Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Sudden cardiac arrest	VT can switch to VF and stop the heart without warning. An ICD stops this automatically. Bystanders can help with CPR and an AED.
Heart failure from fast VT	A very fast heart rate prevents the heart from filling. Blood pressure drops and you may faint. Long-term rapid VT can also weaken the heart muscle over time.
Anxiety and depression after ICD shocks	An ICD shock is frightening even when it works correctly. Depression and PTSD are common after shocks. Counseling and support groups are effective.
Inappropriate ICD shocks	The ICD may fire for a fast but non-dangerous rhythm. This is painful but not harmful. Your doctor can adjust the device settings to reduce this risk.
Stroke from blood clots	Rapid or sustained VT can allow blood to pool and clot in the heart. A clot can travel to the brain and cause a stroke. Blood thinners may be used if the heart pump is very weak.
Side effects from antiarrhythmic medicines	Amiodarone needs yearly thyroid, liver, and lung checks. Sotalol can worsen rhythm if QT gets too long. Regular lab visits are important.

See also: our Sudden Cardiac Arrest guide. For more on the Chain of Survival, post-arrest care, ICDs after a cardiac arrest, and family screening, read our companion guide at go.riasalimd.com/cardiac-arrest-guide.

Points to Know

If you remember nothing else, remember these key points.

- VF stops the heart from pumping. Without a shock from an AED or defibrillator, it is fatal within minutes. Call 911 and use an AED if someone collapses.
- NSVT (brief VT that stops on its own) is less urgent, but should always be reported and investigated — especially if the heart is weakened.
- An ICD is the most reliable protection against sudden cardiac death from VT/VF.
- After any ICD shock, contact your care team. After multiple shocks or feeling poorly, call 911 right away.
- Low potassium and magnesium can trigger dangerous rhythms. Keep follow-up labs current and eat a diet rich in these minerals unless your doctor restricts them.
- Check every new medication — prescription, over-the-counter, and herbal — for QT-prolonging effects at CredibleMeds.org before you start it.
- If you have been diagnosed with a channelopathy (LQTS, Brugada, CPVT), family members should be screened — these are inherited conditions.
- Physical activity guidelines vary by diagnosis. Ask your doctor specifically about exercise, competitive sports, and swimming restrictions before resuming activity.

When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Call 911 — someone collapses, is unresponsive, or stops breathing: start CPR and use an AED if available.
- Call 911 — you feel your heart racing very fast with dizziness, near-fainting, or loss of consciousness.
- Call 911 — you receive 3 or more ICD shocks within 24 hours (VT storm until proven otherwise).
- Call our office today — you received a single ICD shock and feel well. Do not ignore this; it means the device detected a dangerous rhythm.
- Call our office — you are starting a new medication and want to check its QT effect. Better to ask than to skip this step.
- Call our office — new or worsening palpitations, skipped beats, or brief blackout episodes.
- Go to the ER — you have a known channelopathy and develop a fever above 101°F (Brugada syndrome patients especially).
- Call our office — ICD battery nearing end of life (your device will alert you) or if your remote monitoring signals an issue.

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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- American Heart Association — Ventricular Fibrillation - AHA plain-language page explaining VF, its link to sudden cardiac arrest, and what to do in an emergency.
- Cleveland Clinic — Ventricular Tachycardia - Patient-friendly overview of VT types, diagnosis, treatment, and living with an ICD or after ablation.
- Heart Rhythm Society — ICD Patient Resources - ICD information including device function, lifestyle guidance, and what to do after a shock.
- CredibleMeds — QT Drug Risk List - Searchable database of all drugs that prolong the QT interval, with risk categories. Check any new medicine here.
- NHLBI — Sudden Cardiac Arrest - U.S. National Heart, Lung, and Blood Institute overview of sudden cardiac arrest causes, prevention, and CPR.
- MedlinePlus — Ventricular Tachycardia - U.S. National Library of Medicine summary with trusted links for further reading on VT diagnosis and treatment.
- AHA — Hands-Only CPR (video + 2-step technique) - 60-second video showing the Bee Gees "Stayin' Alive" beat and the only two steps you need to save a life.
- American Red Cross — CPR / AED training - Find an in-person or online CPR + AED class near you. Family & Friends CPR is free; full BLS certification is also offered.
- PulsePoint Respond — find the nearest AED - Free phone app: notifies CPR-trained citizens when a cardiac arrest happens nearby, and maps registered AEDs so you can grab the closest one.
- Rias Ali MD — Sudden Cardiac Arrest guide (companion) - Our companion guide covering the Chain of Survival, AED use, post-arrest hospital care, and ICDs after a cardiac arrest.

Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- 2022 AHA/ACC/HRS Guideline for the Diagnosis and Management of Patients With Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death *[Guideline]*
  Primary authoritative source for VT/VF classification, treatment targets, ICD indications, ablation criteria, channelopathy management
- AHA - Ventricular Fibrillation (patient page) *[Patient Facing]*
  Plain-language framing of VF definition and emergency response for lay audience
- Cleveland Clinic - Ventricular Tachycardia *[Patient Facing]*
  Patient-friendly overview of VT types, symptoms, treatment, and living with VT/ICD
- Cleveland Clinic - Ventricular Fibrillation *[Patient Facing]*
  Patient-friendly overview of VF as sudden cardiac arrest cause, emergency treatment
- Mayo Clinic - Ventricular Tachycardia *[Patient Facing]*
  Symptom and cause overview for plain-language framing; cross-reference for accuracy
- NHLBI - Sudden Cardiac Arrest overview *[Patient Facing]*
  US federal health agency overview linking VF to cardiac arrest; reliable for patient stats
- CredibleMeds QTDrugs List *[Reference]*
  Authoritative resource for drug-induced QT prolongation risk categories; directed toward patients
- Heart Rhythm Society - Patient Resources on ICD *[Patient Facing]*
  ICD patient information including appropriate vs inappropriate shocks, lifestyle guidance
- Priori SG et al. - Long QT Syndrome (HRS Expert Consensus 2013) *[Guideline]*
  LQT1/2/3 trigger specificity, beta-blocker guidance, swim restriction recommendations
- Antzelevitch C et al. - Brugada Syndrome (Updated Report) *[Reference]*
  Brugada coved-pattern criteria, fever trigger, drug lists to avoid (pilicainide, flecainide, sodium-channel blockers)
- Leenhardt A et al. - CPVT review (Circ Arrhythm Electrophysiol 2012) *[Reference]*
  Bidirectional VT pattern in CPVT, exercise/emotion triggers, flecainide adjunct evidence

About This Guide

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Reviewer note: Reviewed against: Cleveland Clinic VT/VF patient pages, Mayo Clinic VT overview, and AHA VF patient page. This guide adds: a plain-language VT severity spectrum diagram, a channelopathy comparison table (LQTS/Brugada/CPVT with triggers and ECG patterns), a step-by-step treatment pathway with the VT storm branch, per-type subsections for NSVT, sustained VT, and idiopathic VT, an after-ICD-shock callout explaining appropriate vs inappropriate shocks, and a drug-QT warning callout directing patients to CredibleMeds.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.

Take This Guide With You

Scan or visit: https://go.riasalimd.com/vt-vf-guide

Online: https://go.riasalimd.com/vt-vf-guide

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