



POLICY: 554.06
TITLE: Supraventricular Tachycardia

EFFECTIVE: 9/16/20
REVIEW: 9/2025
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

SUPRAVENTRICULAR TACHYCARDIA

I. AUTHORITY

Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

II. PURPOSE

To serve as a patient treatment standard for EMRs, EMTs, and Paramedics within their scope of practice.

III. PROTOCOL

Always a very regular rhythm. Heart rate ranges 140 to 220 (usually 160-180). P waves unseen or abnormal. The QRS complex has normal duration (QRS less than 0.12). Remember that most SVT patients are young, and usually tolerate blood pressures of 80-90 without instability or deterioration.

Currently, cardiologists stress rhythm diagnosis of the SVT family over field treatment, and consider electrical cardioversion to be a late intervention, after multiple attempts of antiarrhythmic therapy. Treat only the sickest patients.

EMR STANDING ORDERS

Patient Assessment	Circulation, Airway, Breathing, assess vital signs q 5 minutes and report findings to incoming Advanced Life Support providers
Oxygen Administration	Provide oxygen if appropriate and be prepared to support ventilations with a BVM

EMT STANDING ORDERS

Note	Must perform items in EMR standing orders if applicable
Pulse Oximetry	Report initial reading to paramedic if applicable
Mentation	For Altered Level of Consciousness, check blood sugar and refer to 554.31 Altered Level of Consciousness if BGL<60mg/dl

PARAMEDIC STANDING ORDERS	
Note	Must perform items in EMT standing orders if applicable
IV/IO access	TKO. 250ml fluid challenge if systolic BP is <90mmHg
Cardiac monitor	Identify heart rhythm and obtain 12 lead if time permits
Mentation	For Altered Level of Consciousness, refer to policy 554.31 Altered Level of Consciousness
Valsalva's Maneuver	Reassess for conversion.
Adenosine	For patients with systolic BP>90mmHg and severe chest pain or shortness of breath or altered level of consciousness or congestive heart failure, administer 6mg IV/IO push followed immediately by normal saline flush. A second dose of 12mg rapid IV/IO push may be administered if necessary
Synchronized Cardioversion	Synchronized cardioversion at escalating doses per manufacturers recommended setting if patient is unstable (systolic BP<90mmHg AND severe chest pain or shortness of breath or decreased level of consciousness or congestive heart failure). Monitor and document vital signs q 5 minutes
Fentanyl	50mcg if systolic blood pressure is >90mm/Hg. May be administered for pain management post cardioversion

Clinical PEARLS

- Obtain 12 lead post conversion and record findings in Patient Care Report.
- Intravenous access is preferred over Intraosseous unless patient is unstable.
- Manage airway with simplest technique. i.e.:BLS airway unless ineffective.
- The use of capnography is recommended and should be considered during the use of analgesia.