



TACHYCARDIA WITH PULSES	
ADULT	PEDIATRIC
<b>BLS Procedures</b>	
Secure Airway. Assess Vitals. Obtain spO2. Oxygen. Titrate SPO2 to 94% or higher. Provide calming measures.	
<b>ALS Standing Orders</b>	
Follow BLS procedures if applicable. Obtain ECG & 12-lead. IV/IO Access <ul style="list-style-type: none"> <li><b>IF NO ASSOCIATED CHEST PAIN OR SOB.</b> <ul style="list-style-type: none"> <li>Administer 250 mL (adults) or 20 mL/kg (peds) fluid bolus if patient's condition is stable.</li> </ul> </li> </ul> Utilize ETCO2 for patients receiving narcotics.	
<b>Narrow QRS – Stable (With associated Chest Pain or SOB)</b>	
<b>SVT - HR Greater than 150</b>	<b>SVT</b> 2yrs and older – HR greater than 180 bpm Under 2yrs – HR greater than 220 bpm
Attempt Valsalva maneuver.  <b>Adenosine 6 mg IV/IO</b> <ul style="list-style-type: none"> <li>Rapid push immediately followed with 10 mL NS flush.</li> </ul> <p style="text-align: center;">*If no conversion*</p> <b>Adenosine 12 mg IV/IO</b> <ul style="list-style-type: none"> <li>Rapid push immediately followed with 10 mL NS flush.</li> <li>May repeat once if no conversion.</li> </ul>	Attempt Valsalva maneuver.  <b>Adenosine 0.1 mg/kg IV/IO</b> <ul style="list-style-type: none"> <li>Rapid push immediately followed by 10 mL NS flush.</li> <li>Total max dose 6 mg</li> </ul> <p style="text-align: center;">*If no conversion*</p> <b>Adenosine 0.2 mg/kg IV/IO</b> <ul style="list-style-type: none"> <li>Rapid push immediately followed by 10 mL NS flush.</li> <li>Single max dose 12 mg</li> <li>May repeat once if no conversion.</li> </ul>
<b>Wide QRS – <u>Stable</u> (No ALOC or Signs of Cardiogenic Shock)</b>	
<b>Amiodarone 150 mg IV/IO</b> <ul style="list-style-type: none"> <li>Infusion over 10 minutes</li> <li>May repeat once if patient remains in wide QRS tachycardia</li> </ul>	Provide supportive care, watch for signs of Unstable Tachycardia
<b>Wide/Narrow QRS - <u>Unstable</u> (With ALOC or Signs of Cardiogenic Shock)</b>	
Hypotension = systolic blood pressure below 90  <b>Synchronized Cardioversion 200j</b> <ul style="list-style-type: none"> <li>May repeat as necessary.</li> <li>Consider sedation prior to cardioversion.</li> </ul> <p style="text-align: center;">*If wide QRS &amp; refractory to cardiovert  <u>OR</u> post successful cardiovert*</p> <b>Amiodarone 150 mg IV/IO</b> <ul style="list-style-type: none"> <li>Infusion over 10 minutes</li> <li>May repeat once if patient remains in wide QRS tachycardia.</li> </ul> <b>Midazolam 2 mg IV/IO/IN</b>	Hypotension = <b>0-9 yrs. old</b> - Systolic blood pressure below 70 + (2 x age in yrs.) <b>10 or older</b> - Systolic blood pressure below 90  <b>Synchronized Cardioversion 1j/kg</b> <ul style="list-style-type: none"> <li>May repeat at 2j/kg, as necessary.</li> <li>Consider sedation prior to cardioversion.</li> </ul> <b>Midazolam 0.1 mg/kg IV/IO/IN</b> <ul style="list-style-type: none"> <li>Single max dose 2 mg</li> </ul>
<b>Special Considerations</b>	
<ul style="list-style-type: none"> <li>Utilize half dose of Adenosine, if accessing PICC or Central line.</li> <li>For Narrow QRS Tachycardic patients with no associated chest pain or SOB, rhythm recognition is more important than intervention.</li> </ul>	
<b>Base Hospital Orders Only</b>	
<ul style="list-style-type: none"> <li>Contact Base Hospital for treatment exceeding written protocol.</li> <li>Contact Base hospital for consultation of uncertain rhythm.</li> </ul>	