**Tachycardia**

1. **TACHYCARDIA with pulses and poor perfusion**
   - Assess and support ABCs as needed
   - Give oxygen
   - Attach monitor/defibrillator

2. Evaluate QRS duration
   - Narrow QRS (≤0.08 sec)
   - Wide QRS (>0.08 sec)

3. Evaluate rhythm with 12-lead ECG or monitor

4. **Probable sinus tachycardia**
   - Compatible history consistent with known cause
   - P waves present/normal
   - Variable R-R; constant P-R
   - Infants: rate usually <220 bpm
   - Children: rate usually <180 bpm

5. **Probable supraventricular tachycardia**
   - Compatible history (vague, nonspecific)
   - P waves absent/abnormal
   - RR interval not variable
   - History of abrupt rate changes
   - Infants: rate usually ≥220 bpm
   - Children: rate usually ≥180 bpm

6. Search for and treat cause

7. Consider vagal maneuvers (No delays)

8. If IV access readily available:
   - Give adenosine 0.1 mg/kg (maximum first dose 6 mg) by rapid bolus
   - May double first dose and give once (maximum second dose 12 mg)
   - Synchronized cardioversion: 0.5 to 1 J/kg; if not effective, increase to 2 J/kg
   - Sedate if possible but don’t delay cardioversion

9. **Possible ventricular tachycardia**

10. **Synchronized cardioversion:**
    - 0.5 to 1 J/kg; if not effective, increase to 2 J/kg
    - Sedate if possible but don’t delay cardioversion
    - May attempt adenosine if it does not delay electrical cardioversion

11. Expert consultation advised
    - Amiodarone 5 mg/kg IV over 20 to 60 minutes
    - Proacainamide IO/IV 15 mg/kg IV over 30 to 60 minutes
    - Do not routinely administer amiodarone and procainamide together

**During evaluation**

- Secure, verify airway and vascular access when possible
- Consider expert consultation
- Prepare for cardioversion