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)
   - Evaluate rhythm with 12-lead ECG or monitor

3. Symptoms Persist
   - Wide QRS (>0.08 sec)
   - Possible Ventricular Tachycardia

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
   - HR 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
    - Procaainamide 15 mg/kg IV over 30 to 60 minutes
    - Do not routinely administer amiodarone and procaainamide together

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

Treat possible contributing factors:
- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypo-/hyperkalemia
- Hypoglycemia
- Hypothermia
- Toxins
- Tamponade, cardiac
- Tension pneumothorax
- Thrombosis (coronary or pulmonary)
- Trauma (hypovolemia)

Version control: This document is current with respect to 2015 American Heart Association Guidelines for CPR and ECC. These guidelines are current until they are replaced on October 2020. If you are reading this page after October 2020, please contact ACLS Training Center at support@acls.net for an updated document. Version 2016.02.a

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