**TACHYCARDIA**

**With Pulses and Poor Perfusion**
- Assess and support ABCs as needed
- Give oxygen
- Attach monitor/defibrillator

1. Evaluate QRS duration
   - Narrow QRS (≤0.08 sec)
   - Evaluate rhythm with 12-lead ECG or monitor
   - Symptoms Persist
   - 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
   - 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
   - Consider vagal Maneuvers (No delays)
   - 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
   - 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

2. Wide QRS (>0.08 sec)
   - Possible Ventricular Tachycardia
     - Amiodarone 5 mg/kg IV over 20 to 60 minutes
     - Procaainamide IO/IV 15 mg/kg IV over 30 to 60 minutes
     - Do not routinely administer amiodarone and procaainamide together

3. Evaluate rhythm with 12-lead ECG or monitor

4. Search for and treat cause

5. Probable Sinus Tachycardia

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 IO/IV 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

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Version control: This document follows 2020 American Heart Association® guidelines for CPR and ECC. American Heart Association® guidelines are updated every five years.
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