**TACHYCARDIA**

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

**Symptoms Persist**

**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
- 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)
or
- 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
- Procainamide 15 mg/kg IV over 30 to 60 minutes
Do not routinely administer amiodarone and procainamide together

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**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)

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