

8.04 PEDIATRIC DYSRHYTHMIA: TACHYCARDIA

BLS Treatment
<ul style="list-style-type: none"> • Position of comfort. • NPO. • Assess circulation, airway, breathing, and responsiveness. • Oxygen as indicated. • Provide Spinal Motion Restriction as indicated or position of comfort as indicated. • Appropriately splint suspected fractures/instability as indicated. • Bandage wounds/control bleeding as indicated.
ALS Treatment – All Tachycardias
<p>Current American Heart Association Guidelines concerning Emergency Cardiac Care assessments and interventions shall always take precedence over local protocols when there is a conflict concerning techniques of resuscitation.</p>
<ul style="list-style-type: none"> • Advanced airway if indicated. • IV with Normal Saline TKO, preferably at antecubital fossa. • If unstable, IO after 1 min of IV attempts.
ALS Treatment – Specific Tachycardias
SINUS TACHYCARDIA (NARROW QRS)
<ul style="list-style-type: none"> • Search for and treat underlying cause. • IV or IO with Normal Saline fluid bolus.
SUPRAVENTRICULAR TACHYCARDIA WITH PULSE and ADEQUATE PERFUSION (NARROW QRS)
<ul style="list-style-type: none"> • Consider vagal maneuvers. • Adenosine
SUPRAVENTRICULAR TACHYCARDIA WITH PULSE and POOR PERFUSION (NARROW QRS)
<ul style="list-style-type: none"> • IV/ IO Normal Saline fluid bolus. • Adenosine • If IV/IO unavailable, synchronized cardioversion. • Pre-sedate with Midazolam if possible; DO NOT delay cardioversion.
VENTRICULAR TACHYCARDIA WITH PULSE and ADEQUATE PERFUSION (WIDE QRS)
<ul style="list-style-type: none"> • Consider vagal maneuvers. • Amiodarone
VENTRICULAR TACHYCARDIA WITH PULSE and POOR PERFUSION (WIDE QRS)
<ul style="list-style-type: none"> • IV or IO with Normal Saline. • Synchronized Cardioversion • If responsive to pain, sedate before cardioversion with Midazolam.

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Comments

QRS INTERPRETATION

Sinus Tachycardia	SVT	Ventricular Tachycardia
<ul style="list-style-type: none">• Onset often gradual.• Known cause (fluid loss, trauma)• P-waves present/normal• Variable R-R, consistent PR• Rate: infant < 220 bpm.• Rate: child < 180 bpm.	<ul style="list-style-type: none">• Onset sudden.• Vague, nonspecific history• P waves absent, HR not variable. QRS < 0.09 sec.• Rate: infant > 220 bpm.• Rate: child > 180 bpm.	<ul style="list-style-type: none">• Onset sudden.• QRS duration > 0.09 sec.• Rate: > 120 bpm.

VAGAL MANEUVERS

- Infant and preschool children: Ice cold water to face (place cold washcloth over forehead and face without obstructing airway).
- Older children: Valsalva maneuvers.