

## STABLE NARROW-COMPLEX TACHYCARDIA (HR>150)

1. Establish IV/IO access.
2. Administer **O<sub>2</sub>**.
3. Attempt to establish a specific diagnosis through a 12 lead EKG and patient history.
4. If rhythm appears regular:
  - I. Perform Vagal maneuvers.\*
5. If dysrhythmia persists:
  - I. Place the patient in mild reverse Trendelenburg position.
  - II. Administer 6 mg of **adenosine (Adenocard®)** via rapid IV bolus, followed by 20 ml NS. Elevate the extremity.†
  - III. A second dose of 12 mg may be given after 1-2 minutes if dysrhythmia persists.
6. Contact medical control to consider the administration of diltiazem for rate control if one of the following is present:
  - I. Rhythm appears irregular and atrial fibrillation with a rapid ventricular response is suspected.
  - II. Atrial flutter (which may be regular) with a rapid ventricular response is suspected.
7. Administer 15-20 mg (0.25 mg/kg) of **diltiazem** IV over 2 minutes. May give another IV dose in 15 minutes at 20-25 mg (0.35 mg/kg over 2 min).
8. A maintenance infusion should be established for longer transports at 5-15 mg/hr titrated to physiologically appropriate heart rate.

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\*See **Carotid Sinus Massage Procedure**.

†Use antecubital IV, if possible, to administer adenosine (Adenocard®).