

UNSTABLE NARROW-COMPLEX TACHYCARDIA

1. Establish IV/IO access.
2. Administer **O₂**.
3. Confirm rapid heart rate as cause of signs and symptoms. Related signs and symptoms occur at many rates, seldom < 150 bpm.
4. Prepare for immediate cardioversion.
5. Consider sedation by administration of **etomidate** at 0.1 mg/kg IV/IO.
6. Perform synchronized cardioversion at 100 j, 200 j, 300 j, 360 j, monophasic dose (or manufacturer recommended biphasic dose).
7. Transport patient.

*Use antecubital IV, if possible, to administer adenosine.