

## STABLE WIDE-COMPLEX PEDIATRIC TACHYCARDIA\*



1. Maintain patent airway. Assist breathing as necessary, administer **O<sub>2</sub>**.
2. Apply monitor. Perform rhythm assessment, apply 12 lead EKG, and monitor blood pressure and oximetry.
3. Establish IV/IO access.
4. If rhythm is absolutely regular and QRS is monomorphic, contact Medical Control to consider administering **adenosine (Adenocard®)** at 0.1 mg/kg up to a maximum dose of 6 mg. May repeat in 2 minutes at 0.2 mg/kg up to a maximum dose of 12 mg.
5. Administer **amiodarone** at 5 mg/kg over 20-60 minutes. May repeat up to 15 mg/kg. Maximum single dose of 300 mg.†
6. If patient becomes unstable, perform cardioversion at 0.5-1 j/kg. If not effective, increase to 2 j/kg. Sedate prior to cardioversion, if needed, with **etomidate** at 0.1 mg/kg. **DO NOT** delay cardioversion.
7. Identify and treat the following possible causes:

✓ Hypovolemia	✓ Pain
✓ Hypoxemia	✓ Tamponade
✓ Hyperthermia	✓ Tension pneumothorax
✓ Hypo/hyperkalemia & Metabolic disorders	✓ Thromboembolism
	✓ Toxins/Poisons/Drugs
8. Transport patient ASAP.

\*QRS duration wide for age > 0.09 seconds

†Lidocaine at 1 mg/kg 1 time may be substituted if the patient is hypersensitive to amiodarone.