

UNSTABLE NARROW-COMPLEX PEDIATRIC TACHYCARDIA*



1. Maintain patent airway. Assist breathing as necessary, administer **O₂**.
2. Apply monitor. Perform rhythm assessment, apply 12 lead EKG, and monitor blood pressure and oximetry.
3. Establish IV/IO access. **DO NOT** delay therapy awaiting 12 lead EKG and/or IV/IO access.
4. Consider vagal maneuvers.[†]
5. Perform cardioversion at 0.5-1 j/kg. May increase to 2 j/kg if ineffective. Sedate prior to cardioversion with **etomidate** at 0.1 mg/kg, if needed, **DO NOT** delay cardioversion.
6. Identify and treat the following possible causes:

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

*Infants usually > 220/min; children usually > 180/min

†Application of ice or cold water to the face may be particularly effective in infants and children.