

## UNSTABLE 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. **DO NOT** delay therapy awaiting 12 lead EKG and/or IV/IO access.
4. 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.
5. Administer **amiodarone** at 5 mg/kg IV/IO over 20-60 minutes.† May repeat at 5 mg/kg up to a maximum dose of 15 mg/kg. Maximum single dose of 300 mg.
6. Transport patient ASAP.

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\*QRS duration wide for age > 0.09 seconds

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