

Pediatric Tachycardia

Field Treatment - BLS

Field Primary Survey.

Oxygen Administration. Apply 100% oxygen by non-rebreather mask. Use pulse oximeter, if available.

Shock Position, PRN.

Field Treatment - ALS

**Narrow Complex (QRS less than .08 sec)
SINUS TACHYCARDIA
SVT rate less than 220/min.**

Cardiac monitor.

Venous access PRN.

Fluid bolus at 20 ml/kg IV. Reassess. Repeat twice prn.

Consider fever or occult injury

SVT - Rate greater than 220/min.

Cardiac monitor.

Venous Access.

20 cc/kg fluid bolus and reassess

Unstable

If perfusion is diminished and child is poorly responsive or unconscious, administer synchronized cardioversion at 0.5 joule/kg. If no response, repeat at 1 joule/kg; then defibrillate at 2 joules/kg; repeat at 4 joules/kg or biphasic equivalent

If cardioversion appears painful, administer Versed 0.1 mg/kg IV if blood pressure normal.

Stable

If child has diminished perfusion, but is responsive, administer adenosine, 0.1 mg/kg rapid IV, or IO. Max dose 6 mg. Repeat dose in 1 minute at 0.2 mg/kg IV. Maximum dose 12 mg.

If child has normal perfusion, attempt Valsalva maneuver.

**VENTRICULAR TACHYCARDIA
rate greater than 150/min.
Wide Complex (QRS greater than 0.08 secs)**

Cardiac Monitor & Venous Access.

If child has normal perfusion do not cardiovert.

If child is responsive, administer 0.1 mg/kg of Versed IV slowly (4 mg max) prior to electrical shock. If IV route not available, 0.2 mg/kg Versed IM (8 mg max).

If perfusion is diminished and child is poorly responsive or unconscious, administer synchronized cardioversion at 1 joule/kg. If no response, repeat at 2 joules/kg; then defibrillate at 4 joules/kg (or biphasic equivalent)

Proper airway management

Base Hospital Orders

After electrical cardioversion in child with diminished perfusion, administer lidocaine 1mg/kg. May repeat q 5 minutes to 3 mg/kg maximum.

If no cardioversion consider administration Lidocaine 1-mg/kg IVP. May repeat q 5 minutes to 3-mg/kg maximum. Consider Adenosine.

If Ventricular Tachycardia is converted successfully, start Lidocaine infusion @ 20 - 50 ug/kg/min.

Considerations:

Refer to Broselow Tape for drug dosage