



Ventricular Tachycardia with Pulse



Medical (Pediatric)

CRITERIA

- Ventricular tachycardia (wide QRS complex of greater than 0.09 seconds) is uncommon in children; causes include structural heart defects

PROTOCOL

I	If it will not delay cardioversion, administer Adenosine (Adenocard) 0.1 mg/kg IV/IO to a maximum dose of 6 mg followed immediately by a 0.9% Normal Saline 10 mL flush; elevate the extremity. <i>If no conversion after 2 minutes:</i> Adenosine (Adenocard) 0.2 mg/kg IV/IO to a maximum dose of 12 mg followed immediately by a 0.9% Normal Saline 10 mL flush; elevate the extremity.	I
I	If time allows prior to cardioversion, consider mild sedation: administer Lorazepam (Ativan) 0.05 mg/kg IV/IO/IM to a maximum of 1 mg <i>or</i> Midazolam (Versed) 0.1 mg/kg IN/IV/IO to a maximum of 2mg (if using IN do not exceed 1mL per nare).	I
I	Synchronized cardioversion - 1 J/kg initial dose.	I
I	If no conversion, synchronized cardioversion - 2 J/kg subsequent dose.	I
[I]	If no conversion: administer Amiodarone HCL (Cordarone) 5 mg/kg IV/IO in 0.9% Normal Saline 10 mL over 20 minutes.	[I]

PEARLS

- **Identify and treat potentially reversible causes:**
 - Hypoxia
 - Hypothermia
 - Hydrogen ion (acidosis)
 - Tension Pneumothorax
 - Thrombosis (cardiac, pulmonary)
 - Trauma
 - Hyperkalemia or hypokalemia
 - Hypovolemia
 - Tablets (drug overdose)
 - Tamponade (cardiac)
 - Toxins
- Evaluate for sinus tachycardia prior to treating an unstable rhythm.