Supraventricular Tachycardia (including Atrial Fibrillation)

Medical (Pediatric)

CRITERIA

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

PROTOCOL

EMR	Follow *General – Universal Patient Care/Initial Patient Contact Protocol*.	**EMR**
EMT	Obtain 12-Lead ECG, Right-sided ECG, or 15-Lead ECG.	**EMT**
EMT	Consider vagal maneuvers if they will not delay further treatment.	**EMT**
I	Administer ***Adenosine (Adenocard) 0.1 mg/kg IV/IO*** to a maximum dose of ***6mg followed immediately by a 0.9% Normal Saline 10 mL flush; elevate the extremity.*** *If no conversion after 2 minutes:* ***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*** ***or*** ***Midazolam (Versed) 0.1 mg/kg IN/IV/IO to a maximum of 2 mg (if using IN do not exceed 1mL per nare).***	**I**
I	***Synchronized cardioversion - 1 J/kg.***	**I**
I	If no conversion, ***synchronized cardioversion - 2 J/kg subsequent dose .***	**I**

PEARLS

If patient is successfully cardioverted but Narrow-Complex Tachycardia recurs, repeat cardioversion at last successful joule setting; if biphasic technology is available, cardiovert per manufacturer's instructions

- **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.