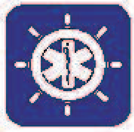


Supraventricular Tachycardia (including Atrial Fibrillation)

Medical

CRITERIA

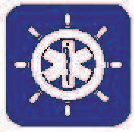
- Heart rate greater than 150 beats per minute
- Narrow QRS complex
- A patient with chest pain, shortness of breath, altered mental status, pulmonary edema, or signs and symptoms of shock may be considered unstable. The patient should be evaluated as a whole and not just by the presence of one of the above symptoms. **If a stable patient becomes unstable during the course of treatment, move immediately to the unstable Narrow-Complex Tachycardia protocol (below)**

PROTOCOL

Stable Narrow Complex Tachycardia		
EMR	Follow *General – Universal Patient Care/Initial Patient Contact protocol.*	**EMR**
EMT	Consider 12-Lead ECG, right-sided ECG and 15-lead ECG.	**EMT**
I	Vagal maneuvers.	**I**
I	**Suspected PSVT:** Administer ***Adenosine (Adenocard) 6 mg rapid IV***, followed by a rapid ***0.9% Normal Saline 20 mL flush***. Consider antecubital IV and elevate the arm.	**I**
I	If no conversion within 2 minutes, administer ***Adenosine (Adenocard) 12mg rapid IV*** followed by a rapid ***0.9% Normal Saline 20 mL flush***. Elevate the arm.	**I**
MC	If no conversion within 2 minutes ***and patient remains stable.***	**MC**
Unstable Narrow Complex		
EMR	Follow *General – Universal Patient Care/Initial Patient Contact protocol.*	**EMR**
I	For mild sedation, if time and patient condition permits, administer ***Midazolam (Versed) 2 mg IN/IM/IV/IO***.	**I**
I	Synchronized cardioversion according to the manufacturer's recommendation.	**I**

PEARLS

- **If patient is successfully cardioverted but Narrow-Complex Tachycardia recurs, repeat cardioversion at last successful joule setting. If biphasic technology available, cardiovert per manufacturer's recommendation**
- Identify and treat potentially reversible causes:
    - Hypoxia
    - Hyperkalemia or hypokalemia
    - Hypothermia
    - Hypovolemia
    - Hydrogen ion (acidosis)
    - Tablets (drug overdose)
    - Tension pneumothorax
    - Tamponade (cardiac)
    - Thrombosis (cardiac, pulmonary)
    - Toxins
    - Trauma



Supraventricular Tachycardia (including Atrial Fibrillation)

Medical

- **Consider American Heart Association recommendations for synchronized cardioversion recommendations based on manufacturer's guidelines**

Synchronized Cardioversion Initial Recommended Doses	
Narrow regular complex	***50-100J***
Narrow irregular complex	***120 J biphasic or 200 J monophasic***
Wide regular complex	***100J***
Wide irregular complex	***Defibrillation dose (NOT synchronized)***

- **DO NOT** place combo pads or electrodes directly on top of an Automated Internal Cardiac Defibrillator (AICD), implanted pacemaker or medication patch.