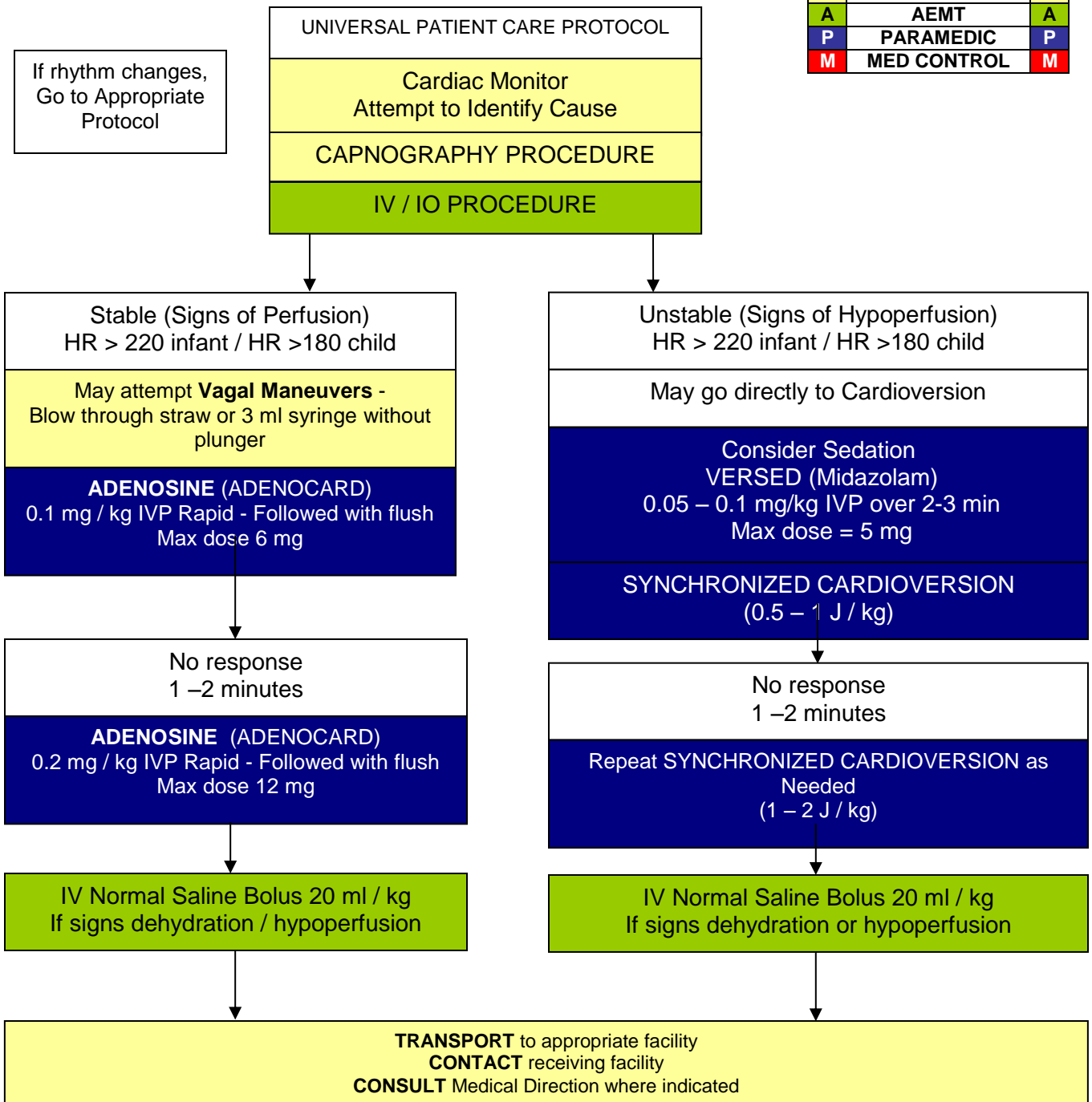




# Section 9: Pediatric ACLS Protocols

## PEDS ACLS: NARROW COMPLEX TACHYCARDIA (SVT)

E	EMT	E
A	AEMT	A
P	PARAMEDIC	P
M	MED CONTROL	M





## Section 9: Pediatric ACLS Protocols

### PEDS ACLS: NARROW COMPLEX TACHYCARDIA (SVT)-Cont.

#### PEARLS and KEY POINTS

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> <li>• Past medical history</li> <li>• Medications or toxic ingestion (Aminophylline, diet pills, thyroid supplements, decongestants, digoxin)</li> <li>• Drugs (nicotine, cocaine)</li> <li>• Congenital heart disease</li> <li>• Respiratory distress</li> <li>• Syncope or near syncope</li> </ul>	<ul style="list-style-type: none"> <li>• HR: Child &gt; 180/bpm Infant &gt; 220/bpm</li> <li>• Pale or cyanosis</li> <li>• Diaphoresis</li> <li>• Tachypnea</li> <li>• Vomiting</li> <li>• Hypotension</li> <li>• Altered level of consciousness</li> <li>• Pulmonary congestion</li> <li>• Syncope</li> </ul>	<ul style="list-style-type: none"> <li>• Heart disease (congenital)</li> <li>• Hypo / hyperthermia</li> <li>• Hypovolemia or anemia</li> <li>• Electrolyte imbalance</li> <li>• Anxiety / pain / emotional stress</li> <li>• Fever / infection / sepsis</li> <li>• Hypoxia</li> <li>• Hypoglycemia</li> <li>• Medication / toxin / drugs (see HX)</li> <li>• Pulmonary embolus</li> <li>• Trauma</li> <li>• Tension pneumothorax</li> </ul>

#### Pediatric Vagal Maneuvers examples:

- **Blow through straw**
- **Blow through a 3 ml syringe without plunger**

- **Exam: Mental Status, Skin, Neck, Lung, Heart, Abdomen, Back, Extremities, Neuro**
- Carefully evaluate the rhythm to distinguish Sinus Tachycardia, Supraventricular Tachycardia, and Ventricular Tachycardia
- Separating the child from the caregiver may worsen the child's clinical condition.
- Pediatric paddles should be used in children < 10 kg.
- Monitor for respiratory depression and hypotension associated if VERSED (Midazolam) if used.
- Continuous pulse oximetry is required for all SVT Patients if available.
- Document all rhythm changes with monitor strips and obtain monitor strips with each therapeutic intervention.
- Possible causes of tachycardia; hypoxia, hypovolemia, fear, and pain.
- A complete medical history must be obtained.
- Do not delay cardioversion to gain vascular access for the unstable patient.
- If you are unable to get the monitor to select a low enough joule setting, contact Medical Control.
- If the patient is stable, do not cardiovert.
- Record 3-Lead EKG strips during adenosine administration.
- Perform a 12-Lead EKG prior to and after Adenosine (Adenocard) conversion or cardioversion of SVT.
- If the rhythm changes, follow the appropriate protocol.