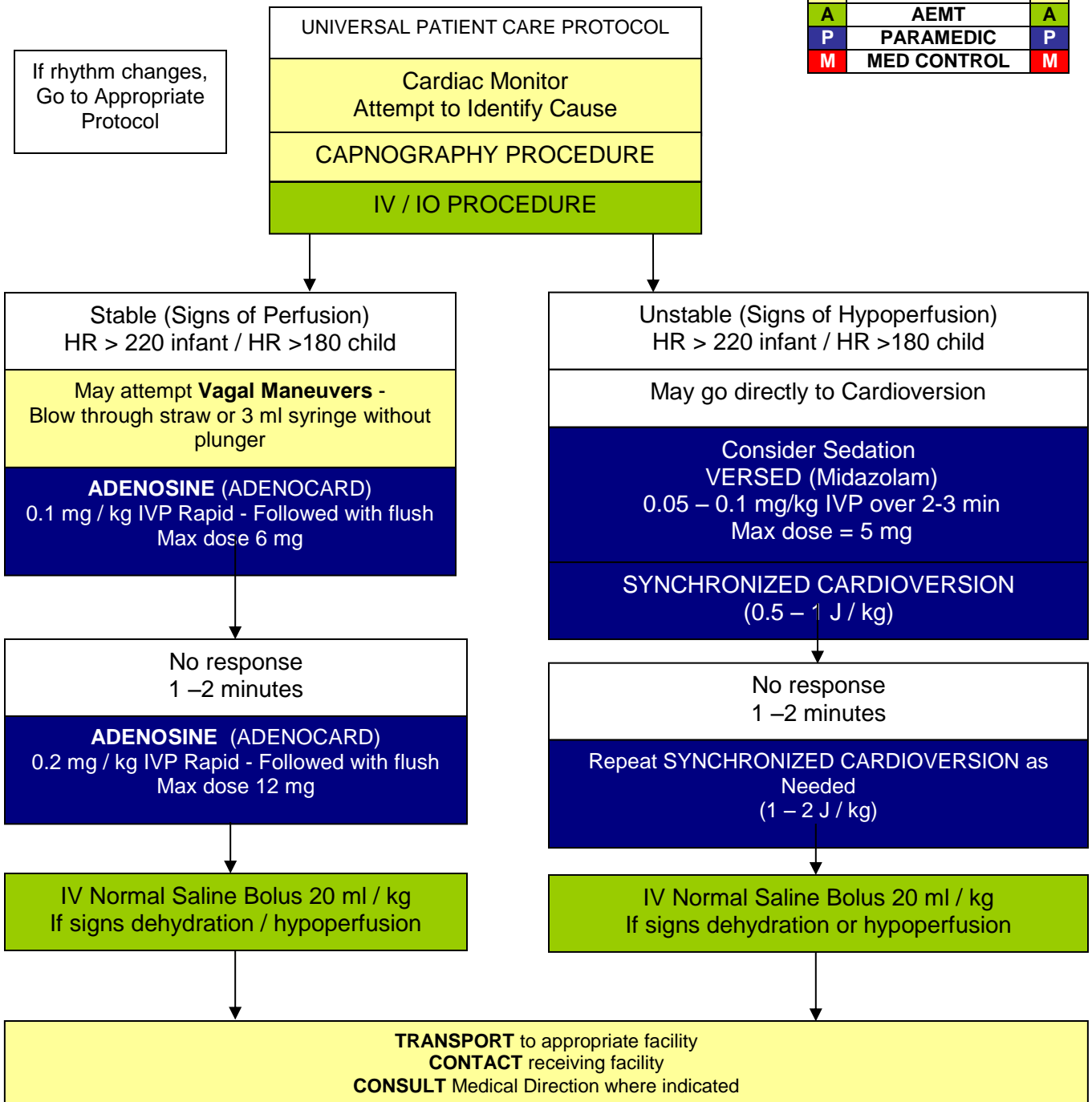




Section 9: Pediatric ACLS Protocols

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

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.