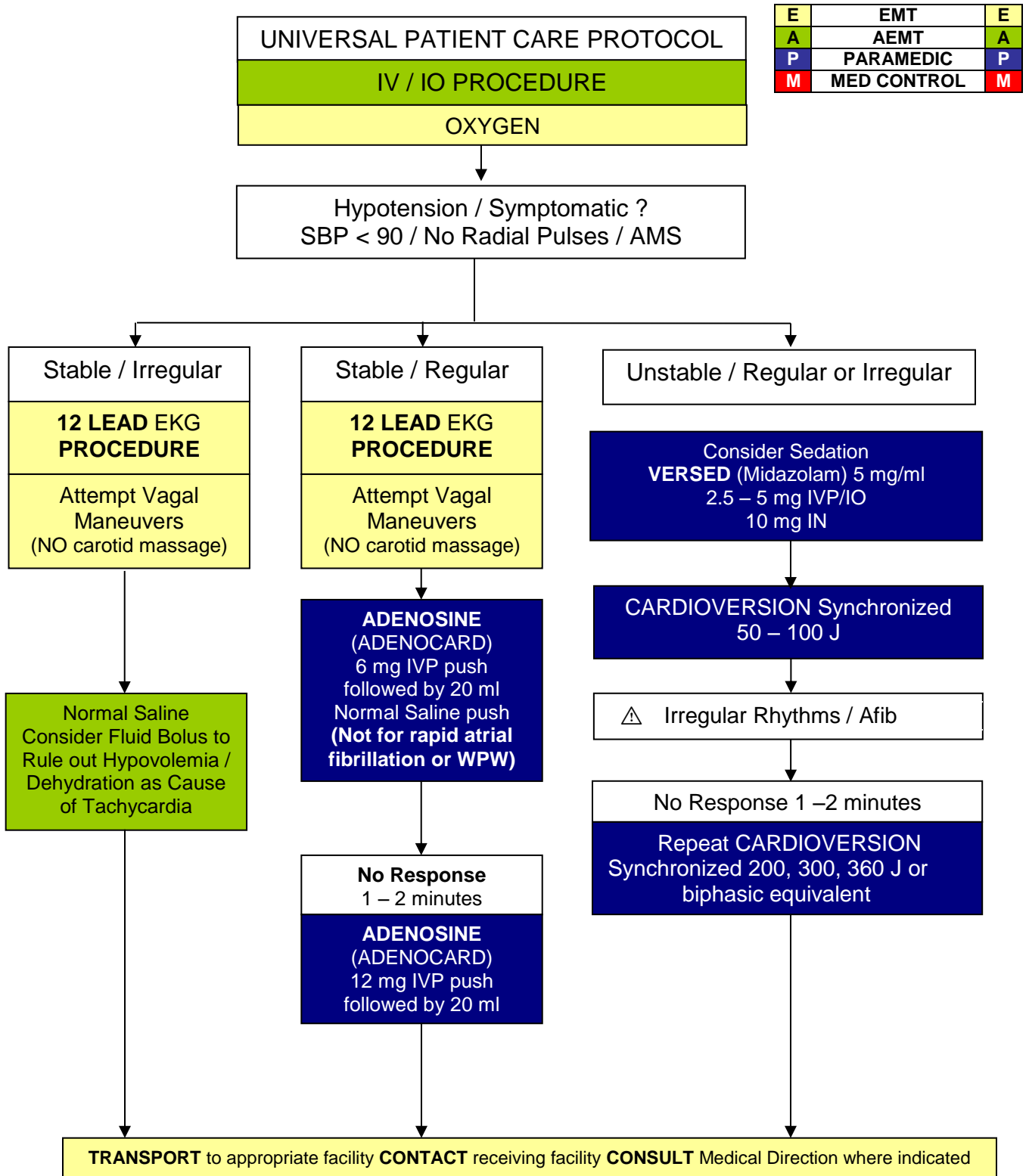




# Section 4: Adult ACLS Protocols

## ADULT ACLS: NARROW COMPLEX TACHYCARDIA





## Section 4: Adult ACLS Protocols

### ADULT ACLS: NARROW COMPLEX TACHYCARDIA-Cont.

#### PEARLS and KEY POINTS

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"><li>• Medications (Aminophylline, diet pills, thyroid supplements, decongestants, digoxin)</li><li>• Diet (caffeine, chocolate)</li><li>• Drugs (nicotine, cocaine)</li><li>• Past medical history</li><li>• History of palpitations / heart racing</li><li>• Syncope / near syncope</li></ul>	<ul style="list-style-type: none"><li>• HR &gt; 150 bpm</li><li>• QRS &lt; .12 Sec</li><li>• Dizziness, CP, SOB</li><li>• Potential presenting rhythm</li><li>• Sinus tachycardia</li><li>• Atrial fibrillation / flutter</li><li>• Multifocal atrial tachycardia</li></ul>	<ul style="list-style-type: none"><li>• Heart disease (WPW, valvular)</li><li>• Sick sinus syndrome</li><li>• Myocardial infarction</li><li>• Electrolyte imbalance</li><li>• Exertion, pain, emotional stress</li><li>• Fever</li><li>• Hypoxia</li><li>• Hypovolemia or anemia</li><li>• Drug effect / overdose (see HX)</li><li>• Hyperthyroidism</li><li>• Pulmonary embolus</li></ul>

Exam: Mental Status, Skin, Neck, Lung, Heart, Abdomen, Back, Extremities, Neuro

- Continuous pulse oximetry is required for all tachycardic patients.
- Document all rhythm changes with monitor strips and obtain monitor strips with each intervention.
- If the patient converts to another rhythm, refer to the appropriate protocol and treat accordingly.
- Examples of vagal maneuvers include bearing down, coughing, or blowing into a syringe. **DO NOT** perform carotid massage.
- If possible, the IV should be initiated in either AC.
- Consider applying the cardioversion / pacing pads prior to Adenosine (Adenocard) administration.
- When administering Adenosine (Adenocard), raise the patient's arm and immediately follow the bolus with 20 ml rapid bolus of normal saline.
- Perform a 12 lead EKG before and after **ANY** rhythm change.
- If the patient converts into ventricular fibrillation or pulseless ventricular tachycardia immediately DEFIBRILLATE the patient and refer to the appropriate protocol and treat accordingly. Be sure to switch the defibrillator out of "Sync" before defibrillating.
- Give a copy of the EKGs and / or code summaries with the receiving facility upon arrival.
- Transient periods of sinus bradycardia and ventricular ectopy are common after termination of SVT.
- If known SVT is converted and patient refuses transport, contact Medical Control