



Yolo County Emergency Medical Services Agency

Protocols

Revised Date: September 28, 2018

TACHYCARDIA WITH PULSES		
Adult	Pediatric	
BLS		
Assess vital signs O ₂ , titrate SpO ₂ to ≥ 94% Assist ventilations as needed		
ALS		
Cardiac Monitor, Waveform EtCO ₂ , Vascular Access		
Stable Tachycardia		
Obtain 12-Lead ECG		
Sinus Tachycardia		
Treat underlying cause	Treat underlying cause	
Fluid Bolus NS 250 mL IV <ul style="list-style-type: none"> May repeat as needed 	Fluid Bolus NS 20 mL/kg IV <ul style="list-style-type: none"> Titrate to age appropriate SBP 	
Narrow QRS		
Regular Rhythm (SVT) HR > 150	Irregular Rhythm (A-Fib/A-Flutter) HR > 150	Regular Rhythm (SVT) – QRS < 0.08 secs Infant HR > 220 - Child HR > 180
Valsalva Maneuver Adenosine 6 mg rapid IV push <ul style="list-style-type: none"> Rapid flush with NS 20 mL <u>If no response in 2 minutes</u> Adenosine 12 mg rapid IV push <ul style="list-style-type: none"> Rapid flush with NS 20 mL 	Monitor Patient <u>If Signs of Hypotension</u> Fluid Bolus NS 250 mL IV <ul style="list-style-type: none"> May repeat as needed 	Valsalva Maneuver Receiving ED Physician Order Adenosine 0.1 mg/kg rapid IV push <ul style="list-style-type: none"> Max dose 6 mg Rapid flush with NS 20 mL <u>If no response in 2 minutes</u> Adenosine 0.2 mg/kg rapid IV push <ul style="list-style-type: none"> Max dose 12 mg Rapid flush with NS 20 mL



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ALS <i>cont.</i>	
Wide QRS	
Adult	Pediatric
Amiodarone Drip 150 mg in D5W 100 mL IV <ul style="list-style-type: none">• Give over 10 minutes (100 gtts/minute with 10 gtts/mL set)• No repeat	<u>Early contact Receiving ED Physician</u>
Unstable Tachycardia	
Synchronized Cardioversion <ul style="list-style-type: none">• Use manufacturer recommended energy dose	Synchronized Cardioversion 0.5 – 1 J/kg <ul style="list-style-type: none">• Increase to 2 J/kg if ineffective
Consider	
Consider pre-cardioversion sedation	
Direction	
<ul style="list-style-type: none">• Contact Receiving ED Physician if unsure of rhythm or for additional treatment	