



SUPRAVENTRICULAR TACHYCARDIA	
ADULT (HR > 150)	PEDIATRIC – (14 years and under) (Refer to Appendix A)
BLS Procedures	
<ul style="list-style-type: none">Administer oxygen as indicated<ul style="list-style-type: none">Refer to Policy 533-02 Airway Management	<ul style="list-style-type: none">Administer oxygen as indicated<ul style="list-style-type: none">Refer to Policy 533-02 Airway Management
Expanded Scope	
Same as BLS	Same as BLS
ALS Prior to Base Hospital Contact	
<ul style="list-style-type: none">Vascular AccessCardiac monitor<ul style="list-style-type: none">Consider early placement of defibrillation pads <p><i>Stable – Mild to Moderate Chest Pain/SOB</i></p> <ul style="list-style-type: none">Valsalva Maneuver <p>Adenosine</p> <ul style="list-style-type: none">IV/IO – 6mg rapid push immediately followed by 10-20mL Normal Saline flush <p><i>No conversion or rate control after initial treatment</i></p> <p>Adenosine</p> <ul style="list-style-type: none">IV/IO – 12mg rapid push immediately followed by 10-20mL Normal Saline flushMay repeat x1 if no conversion or rate control <p><i>Unstable – ALOC, signs of shock, CHF, or severe CP</i></p> <p>Synchronized Cardioversion</p> <ul style="list-style-type: none">Zoll: 100, 120, 150, 200LifePak: 100, 200, 300, 360 <p>Fentanyl</p> <ul style="list-style-type: none">IV/IO – 1mcg/kgShould only be given if it does not result in delay in synchronized cardioversion	<ul style="list-style-type: none">Vascular AccessCardiac monitor<ul style="list-style-type: none">Consider early placement of defibrillation pads <p><i>Stable – Mild to Moderate Chest Pain/SOB</i></p> <ul style="list-style-type: none">Valsalva Maneuver <p><i>Unstable – ALOC, signs of shock, CHF, or severe CP</i></p> <p>Synchronized Cardioversion</p> <ul style="list-style-type: none">1Joule/kgMay increase to 2J/kg if initial dose ineffective <p>Fentanyl</p> <ul style="list-style-type: none">IV/IO – 1mcg/kgShould only be given if it does not result in delay in synchronized cardioversion
Base Hospital Physician Orders Only	
Consult with ED Physician for further treatment measures	<p><i>Stable – mild to moderate chest pain/SOB</i></p> <p>Adenosine</p> <ul style="list-style-type: none">IV/IO – 0.1mg/kg (max 6mg) rapid push immediately followed by 10-20mL Normal Saline flush <p><i>No conversion or rate control after initial treatment</i></p> <p>Adenosine</p> <ul style="list-style-type: none">IV/IO – 0.2mg/kg (max 12mg) rapid push immediately followed by 10-20mL Normal Saline flushMay repeat x1 if no conversion or rate control <p>Consult with ED Physician for further treatment measures</p>



Additional Information

Adenosine Contraindications

- 2nd degree or 3rd degree AV Block
- Sick Sinus Syndrome (except in patients with functioning pacemaker)
- Known hypersensitivity or anaphylaxis to **Adenosine**

Synchronized Cardioversion Indications

- Unstable narrow-complex, regular tachycardia (SVT)
- Unstable Atrial Flutter
- Rapidly conducting Atrial Fibrillation

Transport Considerations

- Consider withholding **Adenosine** until ED Physician evaluation if stable and/or there are underlying causes of tachycardia (sepsis, hypovolemia, heart failure, etc.)

Documentation

- Document all ECG strips during Valsalva Maneuver, **Adenosine** administration and/or synchronized cardioversion

Adenosine Contraindications

- 2nd degree or 3rd degree AV Block
- Sick Sinus Syndrome (except in patients with functioning pacemaker)
- Known hypersensitivity or anaphylaxis to **Adenosine**

Synchronized Cardioversion Indications

- Unstable narrow-complex, regular tachycardia (SVT)
- Unstable Atrial Flutter
- Rapidly conducting Atrial Fibrillation

Transport Considerations

- Patient should be evaluated for underlying causes of tachycardia (infection, dehydration, trauma, etc.)

Documentation

- Document all ECG strips during Valsalva Maneuver, **Adenosine** administration and/or synchronized cardioversion