

Tachycardia with Pulse (123)

123 TACHYCARDIA WITH A PULSE

Adults	Pediatrics (13 years and under)
Public Safety First Aid Procedures	Public Safety First Aid Procedures
<ul style="list-style-type: none"> Request Fire/ALS 	<ul style="list-style-type: none"> Request Fire/ALS
BLS Procedures:	BLS Procedures:
<ul style="list-style-type: none"> Assess ABC's Give oxygen to titrate SpO2 94-99% or if in respiratory distress Hand off to ALS as needed 	<ul style="list-style-type: none"> Assess ABC's Give oxygen to titrate SpO2 94-99% or if in respiratory distress Hand off to ALS as needed
ALS Prior to Base Hospital Contact:	ALS Prior to Base Hospital Contact:
<ul style="list-style-type: none"> Acquire 12-lead Establish IV/IO access Identify and treat reversible causes Unstable Tachycardia, PERFORM IMMEDIATE SYNCHRONIZED CARDIOVERSION, consider sedation but do not delay synchronized cardioversion. See Energy Doses for Cardioversion Chart. SVT Stable narrow QRS <0.12 SEC.>150 With Regular Pulse. Attempt Vagal Maneuvers, if no change Give Adenosine 6 mg Rapid IVP if no change repeat Adenosine at 12 mg rapid IVP X 2 as needed Atrial Fibrillation: Stable Irregular Narrow QRS <0.12 SEC >150 beats per minute administer Magnesium 2-4 grams Slow IV over 15 minutes. Do not attempt Valsalva or adenosine administration to AFIB with RVR. Stable Wide QRS >0.12 SEC. with regular rate Give Lidocaine 1 – 1.5 mg/kg IV/IO, may repeat Lidocaine 0.5 – 0.75 mg/kg every 5 – 10 minutes to MAX dose of 3 mg Stable Wide QRS >0.12 SEC with irregular rate consider Magnesium Sulfate 1-2 grams diluted in 100 mL N/S over 5-10 minutes for TORSADES DE POINTES 	<ul style="list-style-type: none"> Acquire 12 lead Establish IV/IO access Identify and treat reversible causes Unstable Wide QRS >0.08 SEC: possible VT? Synchronized cardioversion consider sedation but do not delay synchronized cardioversion. See Energy Doses for Cardioversion Chart. Narrow regular rhythm QRS <0.08 SEC If sinus tachycardia identify and treat underlying causes. If SVT consider vagal maneuvers if no delay If IV access immediately available give Adenosine 0.1 mg/kg rapid IVP, MAX of 6 mg. May repeat X 2 with 0.2 mg/kg rapid IVP MAX of 12 mg If IV access delayed or no change with Adenosine Synchronized Cardioversion consider sedation but do not delay cardioversion. See Energy Doses for Cardioversion Chart. If irregular narrow complex rhythm QRS <0.08 SEC transport to appropriate facility, base for direction Stable Wide QRS >0.08SEC: Possible VT? Monitor and transport be ready for patient to decompensate. Stable Wide QRS with an irregular rate consider Magnesium Sulfate 25mg/kg IV/IO drip OR IVP, over 5-10 minutes. MAX 2 grams for TORSADES DE POINTES
Base Hospital Contact Required	Base Hospital Contact Required
	<ul style="list-style-type: none"> Make base contact for Lidocaine for Tachycardia that fails to respond to cardioversion, IV/IO: 1 mg/kg. If rhythm persists, repeat dose in 10 minutes.

Tachycardia with Pulse (123)

Special Considerations

1. The primary decision point for tachycardia is adequacy of perfusion. If the patient has inadequate perfusion, prepare for immediate synchronized cardioversion. Adenosine may be given if IV already established, but cardioversion should not be delayed to obtain IV access. Provide sedation to a conscious patient, if possible, but do not delay cardioversion if the patient is unstable.
2. Serious signs and symptoms are unlikely to be present with rate < 150 bpm. Sinus Tachycardia is caused by external influences on the heart, such as fever, blood loss, stress, or as compensation for hypoperfusion. If you attempt to reduce heart rate for a person in compensatory tachycardia the cardiac output will fall, and the patient will likely deteriorate. The goal for care is to identify and treat the underlying cause.
 - a. Sinus tachycardia with signs of infection: Consider sepsis and give fluid bolus 10mL/kg may repeat as needed.
3. Key questions to answer are:
 - a. Are there serious signs and symptoms? (CP or SOB, hypotension, decreased LOC, other signs of shock)
 - b. Are the signs and symptoms related to the patient's rapid heart rate?
 - c. Is the QRS complex wide or narrow?
 - d. Is the rhythm regular or irregular?
4. It may be difficult to distinguish between supraventricular and ventricular tachycardia. Most wide complex tachycardia's are ventricular in origin; therefore, if a patient has wide complex tachycardia and is unstable, assume it is VT until proven otherwise.
5. Adenosine is to be administered as follows: for adults 6mg in a 20mL syringe with 18mL of normal saline, rapid IVP. Repeat 12mg mixed in a 20 mL syringe with a 16mL normal saline, if needed. May repeat a third dose if needed. (Total dose 30mg) For pediatrics 0.1mg/kg mixed in a 10mL syringe with enough normal saline to equal 10mL, rapid IVP (MAX dose 6mg). May repeat in 3 minutes at 0.2mg/kg in a 10mL syringe with enough normal saline to equal 10mL, rapid IVP (MAX dose 12). May repeat a third dose if needed.
6. Low energy shocks should always be delivered as synchronized shocks. Low energy unsynchronized shocks (defibrillation) are likely to induce VF.