pressure of 60/40 mm Hg, and heart rate that is too fast to count by auscultation. When the infant is attached to the cardiorespiratory monitor, the heart rate is 220 beats/min, nonvariable, with an oxygen saturation of 97%. Capillary refill time is slightly prolonged at 3 seconds, and femoral pulses are palpable but weak.

Questions

1. Evidence: Is there sufficient evidence to draw conclusions about this infant?

2. Assumptions: Describe an underlying assumption about each of the following:

a. Symptoms associated with heart failure

b. An infant younger than 3 months with poor feeding

c. Tachyarrhythmias in infants

3. What priorities for nursing care should be established?

4. Does the evidence support your nursing interventions?

A primary focus of nursing care is education of the family regarding the symptoms of SVT and its treatment. SVT may occur again despite therapy. Parents should be taught to take a radial pulse for a full minute. If medication is prescribed, instructions regarding accurate dosage and the importance of administering the correct dose at specified intervals are stressed.

Radiofrequency ablation has become first-line therapy for some types of SVT. The procedure is done in the cardiac catheterization laboratory and begins with mapping of the conduction system to identify the dysrhythmia focus. A catheter delivering radiofrequency current is directed at the site, and the area is heated to destroy the tissue in the area. These are lengthy procedures, often lasting 6 to 8 hours, and sedation or general anesthesia is required. Preparation is similar to that for cardiac catheterization. Another procedure, cryoablation, is also used in treatment of SVT. Liquid