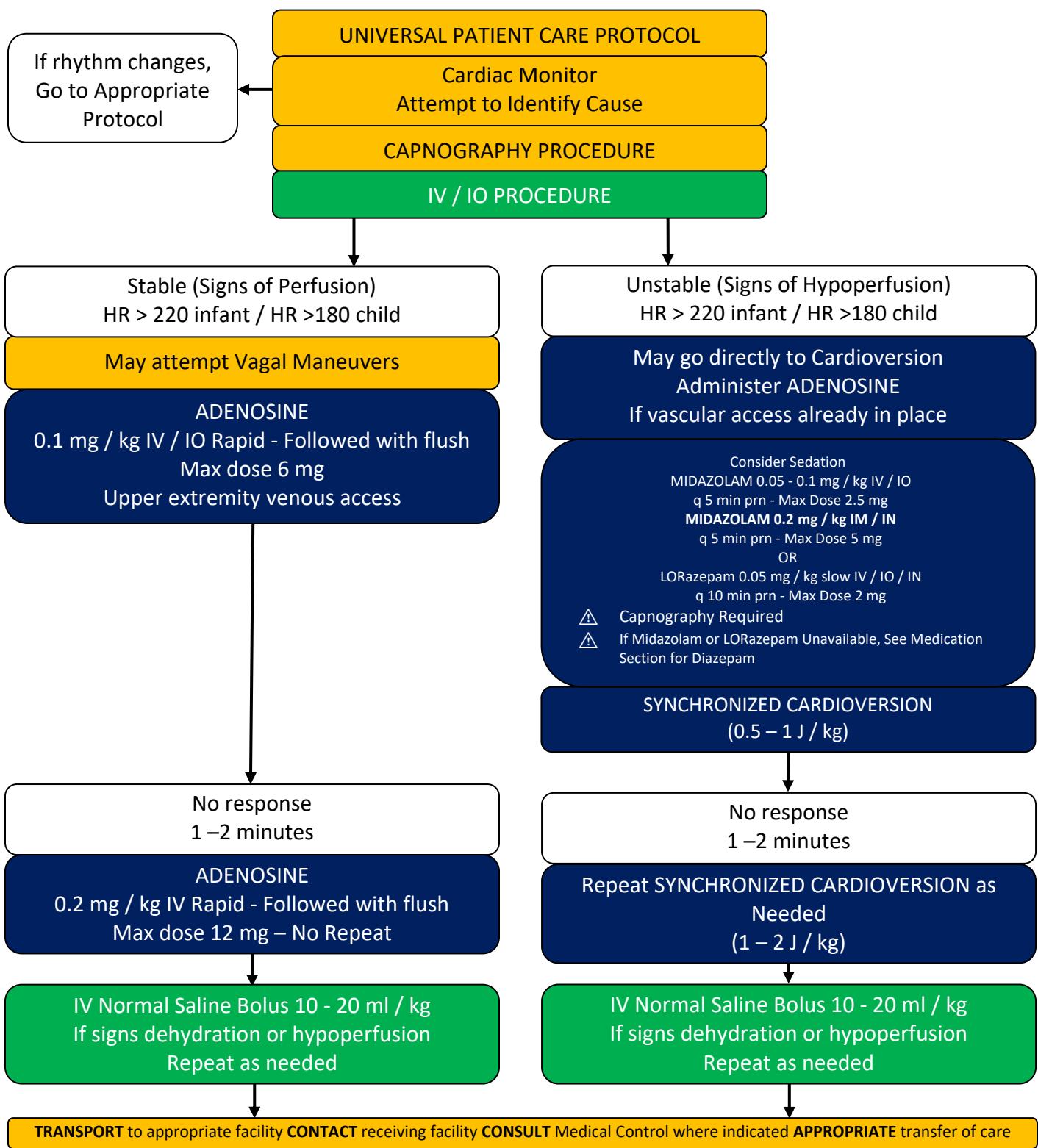


NARROW – COMPLEX TACHYCARDIA

3-5 kg	6-7 kg	8-9 kg	10-11 kg	12-14 kg	15-18 kg	19-23 kg	24-29 kg	30-36 kg
6-11 lbs	13-15 lbs	18-20 lbs	22-24 lbs	26-31 lbs	33-40 lbs	42-51 lbs	53-64 lbs	66-81 lbs
18-24 in	24-26 in	26-29 in	29-33 in	33-38 in	38-43 in	43-48 in	48-52 in	52-57 in



NARROW – COMPLEX TACHYCARDIA

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> Past medical history Medications or toxic ingestion (Aminophylline, diet pills, thyroid supplements, decongestants, digoxin) Drugs (nicotine, cocaine) Congenital heart disease Respiratory distress Syncope or near syncope 	<ul style="list-style-type: none"> HR: Child > 180/bpm Infant > 220/bpm Pale or cyanosis Diaphoresis Tachypnea Vomiting Hypotension Altered level of consciousness Pulmonary congestion Syncope 	<ul style="list-style-type: none"> Heart disease (congenital) Hypo / hyperthermia Hypovolemia or anemia Electrolyte imbalance Anxiety / pain / emotional stress Fever / infection / sepsis Hypoxia Hypoglycemia Medication / toxin / drugs (see HX) Pulmonary embolus Trauma Tension pneumothorax

Fluid Resuscitate to systolic of $70 + 2 \times \text{age}$

KEY POINTS
<ul style="list-style-type: none"> Exam: Mental Status, Skin, Neck, Lung, Heart, Abdomen, Back, Extremities, Neuro Carefully evaluate the rhythm to distinguish Sinus Tachycardia, Supraventricular Tachycardia, and Ventricular Tachycardia Separating the child from the caregiver may worsen the child's clinical condition. Pediatric pads should be used in children < 10 kg. Monitor for respiratory depression and hypotension associated if LORazepam or midazOLAM is used. Continuous pulse oximetry is required for all SVT Patients if available. Document all rhythm changes with monitor strips and obtain monitor strips with each therapeutic intervention. Possible causes of tachycardia; hypoxia, hypovolemia, fear, fever, and pain. A complete medical history must be obtained. Do not delay cardioversion to gain vascular access for the unstable patient. If you are unable to get the monitor to select a low enough joule setting, contact Online Medical Control. If the patient is stable, do not cardiovert. Record 3-Lead EKG strips during adenosine administration. Perform a diagnostic EKG prior to and after Adenosine conversion or cardioversion of SVT. If the rhythm changes, follow the appropriate protocol.