2. If torsades, give magnesium 1–2 g IV over 10 minutes
3. Amiodarone 150 mg IV over 10 minutes
    a. May repeat once as needed
    b. Administration of amiodarone, if needed, should follow procainamide in patients with Wolff–Parkinson–White syndrome

viii. **Irregular Wide Complex Tachycardia – Unstable**

1. Deliver a synchronized shock based on manufacturer's recommendation
2. For responsive patients, consider sedation

2. Pediatric Management

a. Manage airway as necessary
b. Administer oxygen as appropriate with a target of achieving 94–98% saturation
c. Initiate monitoring and perform 12-lead EKG
d. Establish IV access
e. Check blood glucose and treat hypoglycemia per the Hypoglycemia Guideline
f. Consider the following additional therapies if tachycardia and symptoms or hemodynamic instability continue:

i. **Regular Narrow Complex Tachycardia – Stable** (SVT)

1. Perform vagal maneuvers
2. Adenosine 0.1 mg/kg (maximum of 6 mg)
    a. If unsuccessful, may repeat with 0.2 mg/kg (maximum of 12 mg)

ii. **Regular Narrow Complex Tachycardia – Unstable**

1. Deliver a synchronized shock: 0.5–1 J/kg for the first dose
2. Repeat doses should be 2 J/kg

iii. **Regular, Wide Complex Tachycardia — Stable**

1. Consider adenosine 0.1 mg/kg (maximum of 6 mg) for SVT with aberrancy
2. Otherwise give amiodarone 5 mg/kg IV (maximum of 150 mg) over 10 minutes

iv. **Regular, Wide Complex Tachycardia – Unstable**

1. Synchronized cardioversion 0.5–1.0 J/kg

Notes/Educational Pearls

Key Considerations

1. Causes:
    a. Hypovolemia
    b. Hypoxia
    c. Hydrogen (acidosis)
    d. Myocardial infarction
    e. Hypokalemia/Hyperkalemia
    f. Hypoglycemia
    g. Hypothermia
    h. Toxins/Overdose
    i. Tamponade
    j. Tension pneumothorax
    k. Thrombus – central or peripheral
    l. Trauma
    m. Hyperthyroidism