

Valsalva (Modified) Maneuver

Applies to:	
P	Paramedic

Clinical Indications:

1. Clinically stable patient with narrow complex tachycardia. Do not attempt this procedure on a patient with serious signs or symptoms, which include: Hypotension; acutely altered mental status; signs of shock/poor perfusion; chest pain with evidence of ischemia (e.g. STEMI, T-wave inversions, or depressions); and acute CHF.

Procedure:

1. Place the patient on a cardiac monitor; ensure continuous ECG monitoring throughout procedure.
2. If not already completed, establish intravenous access.
3. Describe the procedure to the patient.
4. Place and position the patient on the gurney so that the patient is sitting in a semi-recumbent (45°) position.
5. Have the patient inhale and hold his/her breath while bearing down as if to have a bowel movement, or have the patient blow into a 10ml syringe while pinching their nose closed. Instruct the patient to continue bearing down or blowing into the syringe until told to stop; time the event for 15 seconds.
6. Immediately lie the patient supine and elevate the patient's legs to 45° for 15 seconds.
7. Lower the patient's legs such that the patient is in a supine position and reassess the cardiac rhythm after 45 seconds.
8. Continue to monitor the heart rhythm during the procedure. **Stop** the procedure if the patient becomes confused, the heart rate drops below 100 or asystole occurs.
9. If the patient remains in a narrow complex tachycardia, repeat the procedure one time.
10. Document the initial and all subsequent ECG rhythms and any dysrhythmia in the prehospital care record.



Field Procedure FP22

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