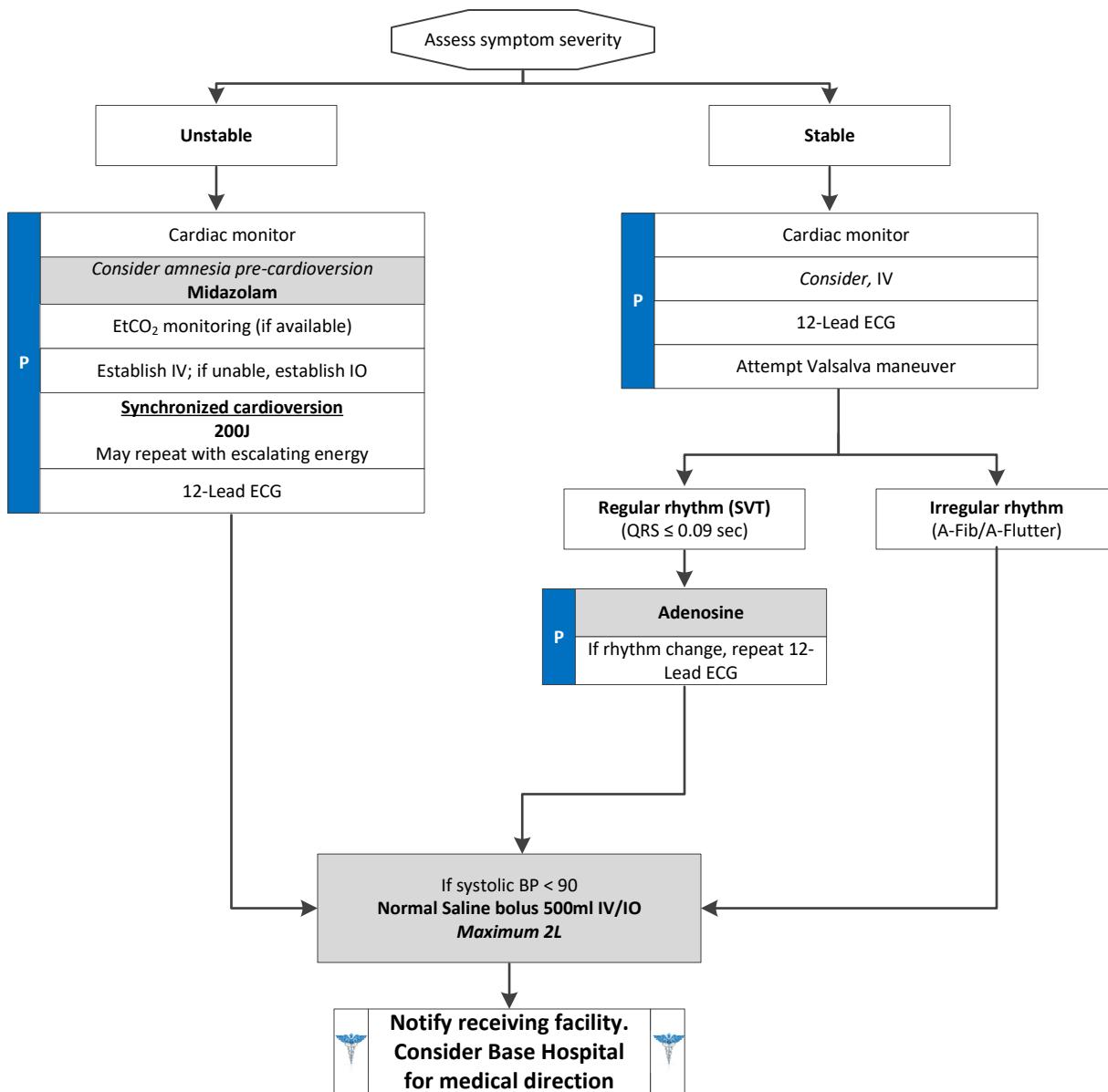


# Narrow Complex Tachycardia

History	Signs and Symptoms	Differential
<ul style="list-style-type: none"> <li>Medications (e.g., Aminophylline, Adderall, diet pills, thyroid supplements, decongestants, and Digoxin)</li> <li>Diet</li> <li>Drugs (e.g., nicotine and illegal drugs)</li> <li>Past medical history</li> <li>History of palpitations/heart racing</li> <li>Syncope/near syncope</li> </ul>	<ul style="list-style-type: none"> <li>Heart rate &gt; 150 with narrow, regular complexes</li> <li>Systolic BP &lt; 90</li> <li>Dizziness, chest pain, shortness of breath, altered mental status, or diaphoresis</li> <li>Acute Pulmonary Edema</li> <li>Potential presenting rhythm:           <ul style="list-style-type: none"> <li>Atrial/sinus tachycardia</li> <li>Atrial fibrillation/flutter</li> <li>Multifocal atrial tachycardia</li> <li>Ventricular tachycardia</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Heart disease (e.g., WPW or valvular)</li> <li>Sick sinus syndrome</li> <li>Myocardial infarction</li> <li>Electrolyte imbalance</li> <li>Exertion, pain, or emotional stress</li> <li>Fever</li> <li>Hypoxia</li> <li>Hypovolemia or anemia</li> <li>Drug effect/overdose (see <b>History</b>)</li> <li>Hypothyroidism</li> <li>Pulmonary embolus</li> </ul>



# Narrow Complex Tachycardia

## Pearls

- Most important goal is to differentiate the type of tachycardia and if STABLE or UNSTABLE.
- If at any point the patient becomes unstable, move to the unstable arm of the algorithm.
- IV access, including EJ, must be attempted. If unsuccessful, then attempt IO.
- For ASYMPTOMATIC patients (or those with only minimal symptoms, such as palpitations) and any tachycardia with a rate of approximately 100 – 120 with a normal blood pressure, consider CLOSE OBSERVATION or fluid bolus rather than immediate treatment with an anti-arrhythmic medication. For example, a patient's "usual" atrial fibrillation may not require emergent treatment.
- Continuous paper recording peri-adenosine administration
- All Adenosine administrations should be immediately followed by a 20ml rapid flush.
- Unstable Signs/Symptoms include: Hypotension; acutely altered mental status; signs of shock/poor perfusion; chest pain; and acute pulmonary edema.
- Search for underlying cause of tachycardia such as fever, sepsis, dyspnea, etc.
- If patient has a history of Wolfe Parkinson White (WPW), Adenosine is contraindicated.
- Synchronized Cardioversion is recommended to treat UNSTABLE atrial fibrillation/flutter unresponsive to fluids and monomorphic-regular tachycardia (SVT).
- Monitor for respiratory depression and hypotension associated with Midazolam.
- Activate and upload all monitor data.

