



**ADULT CARDIAC  
AC-05B**

**NARROW COMPLEX  
TACHYCARDIA – UNSTABLE**

Page 1 of 1  
Last Revision:  
12-5-2018

**History and Physical:**

Historical Findings	Physical Findings
<ul style="list-style-type: none"><li>History of SVT/use of adenosine</li><li>History of A-fib or A-flutter</li></ul>	<ul style="list-style-type: none"><li>Systolic BP &lt; 90 mmHg <b>AND</b> evidence of hypo-perfused state.</li><li><b>EKG Findings:</b> Narrow Complex SVT (rate &gt; 150 and QRS &lt; 0.12 seconds)</li></ul>

**Assessment:**

- Cardiac Assessment
- Treat primary cause first:** PE, Sepsis, Toxins, internal hemorrhage, DKA, Volume-depletion, ACS

**Clinical Management Options:**

Interventions	Pharmacology
<ul style="list-style-type: none"><li>Oxygen therapy as appropriate</li><li>Synchronized cardioversion<ul style="list-style-type: none"><li>100</li><li>If unsuccessful: may repeat x 1 at 200 J</li></ul></li><li>Vascular Access<ul style="list-style-type: none"><li>Consider conscious IO on urgent/critical patients</li></ul></li><li>Fluid bolus PRN<ul style="list-style-type: none"><li>Assess for pulmonary edema</li></ul></li></ul>	<ul style="list-style-type: none"><li>Sedation Management</li></ul>