



**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 or WPW</li><li>▪ Search for source of instability (primary issue). Tachycardia in pediatric patients is unlikely the sole source of instability</li></ul>	<ul style="list-style-type: none"><li>▪ Hemodynamically unstable and/or any of the following:<ul style="list-style-type: none"><li>○ Chest pain</li><li>○ Dyspnea</li><li>○ Lethargy</li><li>○ Dizziness</li><li>○ Pulmonary edema</li><li>○ Altered mental status</li></ul></li><li>▪ <b>EKG Findings:</b> Narrow Complex tachycardia (refer to assessment chart for rate parameters and QRS &lt; 0.12 seconds)</li></ul>

**Assessment:**

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

**Clinical Management Options:**

Interventions	Pharmacology
<ul style="list-style-type: none"><li>▪ Oxygen therapy as appropriate</li><li>▪ Vascular access as appropriate</li><li>▪ Fluid Bolus PRN<ul style="list-style-type: none"><li>○ Assess for pulmonary edema</li></ul></li><li>▪ Synchronized cardioversion<ul style="list-style-type: none"><li>○ 1 J/kg</li><li>○ If unsuccessful: may repeat x 1 at 2 J/KG</li></ul></li></ul>	<ul style="list-style-type: none"><li>▪ Sedation Management</li></ul>