SUPRAVENTRICULAR TACHYCARDIA STABLE
Narrow complex, rate over 150- no signs of Afib or A Flutter
(Maintaining adequate mentation, blood pressure, respiratory status & absence of serious chest pain)

Assess and maintain CAB’s
Administer O2 if needed
Assess vitals
Apply monitors (EKG, B/P, Resp, Pulse Ox)
Targeted history/ Physical exam
Establish IV access
RULE OUT NON CARDIAC CAUSES
Consider ordering:
Atrial fib/flutter? See AF algorhythm (next page)
(12 lead ECG, Cardiac enzymes, CXR)
(Expert cardiology consult)
Vagal Maneuvers
Adenosine 6mg IVP rapidly followed by flush
If unsuccessful
Adenosine 12mg IVP rapidly followed by flush
If rhythm fails to convert
Choose 1:
Calcium Channel Blocker (one)
Diltiazem 15 - 20mg may repeat 20 - 25 mg in 15 minutes
OR
Beta Blocker (one)
Metoprolol (Lopressor) 5mg over 5 minutes may repeat Q 5 minutes X 2
Atenolol (Tenormin) 5mg over 5 minutes may repeat in 10 minutes
If rhythm still fails to convert
May choose sedation and elective cardioversion or other medications based on a more definitive diagnosis

Tips for successfully managing this case:
Don’t forget:
• Administer O2 if needed
• Start/upgrade IV
*Determine whether patient is stable or unstable
• Gather data
• Get vital signs
• Attach monitor(s)
• EKG
• Pulse oximeter
• BP
Start with:
• Level of consciousness
• Blood pressure
• Lung sounds
• Presence/absence of chest pain
• Gather problem focused history

*Your goal:
Control the rate, improve perfusion and maintain a normal rhythm
*Verbalize appropriate drug, dose, route, flush, and reevaluate patient after each intervention.
ATRIAL FIBRILLATION STABLE
WITH RAPID VENTRICULAR RESPONSE
Sustained rate over 150
(maintaining adequate mentation, blood pressure, respiratory status, & absence of chest pain)

Assess and maintain CAB’s
Administer O₂ if needed
Assess vitals
Apply monitors (EKG, B/P, Resp Pulse Ox)
Targeted history/Physical exam
Establish IV access
→
Consider ordering:
(12 lead ECG, Cardiac enzymes, CXR) (Expert cardiology consult)
→
Control rate with: Choose 1:
Calcium Channel Blocker
Diltiazem 15 - 20mg may repeat 20 - 25mg in 15 minutes
(consider infusion)
QR
Beta Blocker
Metoprolol (Lopressor) 5mg over 5 minutes
may repeat Q 5 minutes X 2
May choose other Beta blockers: Atenolol, Esmolol

Convert rhythm after expert cardiology consult?
Duration of fib?

→
<48 hrs
→
>48 hrs

Convert rhythm by the same means as the patient who had emboli ruled out
Delay rhythm conversion unless unstable:
R/O emboli or Anticoagulation up to 4 weeks
*Once emboli R/O, May consider any of the following:
1. Elective cardioversion.
   ~ Start: 120 - 200J Biphasic / 200J Monophasic
2. Amiodarone 150mg over 10min then infusion
3. Digitalis 10 - 15mcg/kg (0.5 - 1.0mg)

*Be cautious with medications that may convert A-fib prior to cardiac consult (Amiodarone)

Tips for successfully managing this case:

◊ Don’t forget:
  • Administer O₂ if needed
  • Start/upgrade IV
  *Determine whether patient is stable or unstable
  • Gather data
  • Get vital signs
  • Attach monitor(s)
  • EKG
  • Pulse oximeter
  • BP

Start with:
  • Level of consciousness
  • Blood pressure
  • Lung sounds
  • Presence/absence of chest pain
  • Gather problem focused history

*Your goal:
Control the rate, improve perfusion and maintain a normal rhythm

*Verbalize appropriate drug, dose, route, flush, and reevaluate patient after each intervention.
SUPRAVENTRICULAR TACHYCARDIA UNSTABLE
(Any SVT with a rate over 150 with decreased LOC, hypotension, pulmonary edema, or chest pain)

Assess and maintain CAB’s

Administer O₂ if needed
Assess vitals
Apply monitors
(EKG, Pulse Ox, B/P)

RULE OUT NON CARDIAC CAUSES

↓
Brief history
IV/IO access
(do not delay cardioversion )

↓
Immediate management
Sedation
(if conscious and B/P allows)

For Atrial fibrillation:
Start with 120-200J biphasic,
200J monophasic

Synchronized cardioversion
Start at 50-100j
(based on machine - could increase stepwise between 120-360J)

If unsuccessful: medication sequence for stable

Tips for successfully managing this case:

⊙ Don’t forget:
• Administer O₂ if needed
• Start/upgrade IV
• Determine whether patient is stable or unstable
• Gather data
• Get vital signs
• Attach monitor(s)
• EKG
• Pulse Oximeter
• BP

Start with:
• Level of consciousness
• Blood pressure
• Lung sounds
• Presence/absence of chest pain
• Gather problem focused history

*Your goal:
Control the rate; improve perfusion and maintain a normal rhythm
*Verbalize appropriate drug, dose, route, flush, and reevaluate patient after each intervention

Quick tip:
If tachycardic and awake (or otherwise stable) first we try to medicate
If tachycardic with a nap (or otherwise unstable) then the treatment is Zap Zap Zap!