Narrow Complex Tachycardia

Assumed to be

Supraventricular Tachycardia, Stable

Assess C A B’s
Maintain airway
Oxygen, as needed
EKG & pulse oximeter
Assess vital signs

Consider 12 lead ECG & expert consult

↓
Vagal maneuvers
(ice or straw)

↓
Establish vascular access

↓
Adenosine 0.1 mg/kg IV rapidly
Followed by rapid flush
(may double dose and repeat x 1)

↓
Expert pediatric consult

Rate: over 180 for children; over 220 for infants
Narrow Complex Tachycardia

Supraventricular Tachycardia, Unstable
(signs of poor perfusion / shock)

Assess C A B’s
Maintain Airway
Oxygen, as needed
Assess vital signs
Code equipment prepared

Consider 12 lead ECG & expert consult when appropriate

↓ Consider vagal maneuvers
   if not critically unstable
   (ice or straw)
↓ If IV/IO is already in place & pt is not critical
   Adenosine 0.1mg/kg IV rapidly
   followed by rapid flush
   OR
↓ Synchronized cardioversion
   0.5 - 1.0 J/kg
   Sedate if possible (must not delay cardioversion)
↓ If unsuccessful
   2\(^{nd}\) synchronized cardioversion up to 2 joules/kg

Then a 3\(^{rd}\) synchronized cardioversion up to 2 J/kg

May consider:
Amiodarone 5mg/kg IV over 20-60 min
or
Procainamide 15mg/kg IV over 30-60 min
(do not routinely administer multiple antiarrhythmic meds)