

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

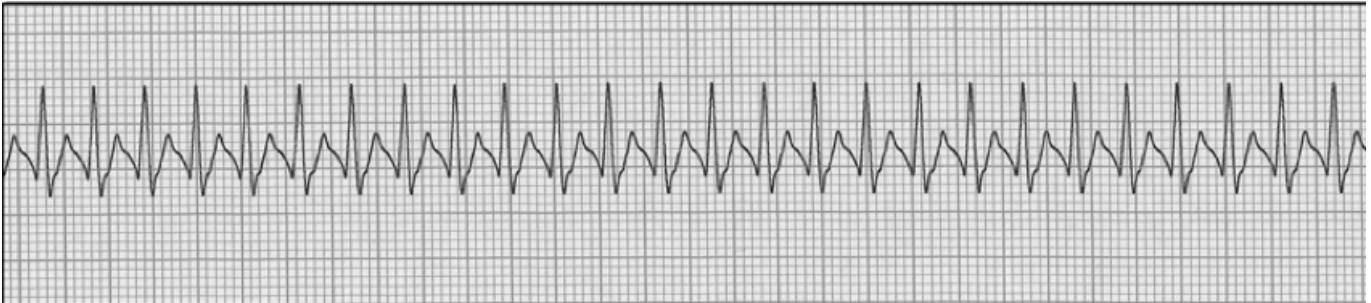


Adenosine 0.1 mg/kg IV rapidly
Followed by rapid flush
(may double dose and repeat x 1)



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

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 Consider vagal maneuvers
 if not critically unstable
 (ice or straw)

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 If IV/IO is already in place & pt is not critical
 Adenosine 0.1mg/kg IV rapidly
 followed by rapid flush

OR

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 Synchronized cardioversion
 0.5 - 1.0 J/kg
 Sedate if possible (must not delay cardioversion)

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If unsuccessful

2nd synchronized cardioversion up to 2 joules/kg

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Then a 3rd 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)