

PEDIATRIC – Narrow Complex Tachycardia

1. **ASSESS ABC's**

- Open the airway
- Intubate, if necessary.
- Suction the airway as necessary

2. **OXYGEN** - High concentration by reservoir mask or assist ventilations with a BVM

3. **ECG MONITOR**

Identify possible reversible contributing factors to tachycardia

If uncertain of the rhythm or treatability, contact receiving hospital physician for advice.

4. **IV ACCESS** - Lactated Ringer's – Establish rate appropriate to condition.

5. **DRAW BLOOD** – Determine glucose level

6. Regular rhythm – Narrow Complex **Stable** patient:

- Attempt vagal maneuvers – have patient cough or bear down
- If no conversion, administer **Adenosine 0.1 mg/kg FAST IVP**.
- If no conversion, repeat **Adenosine at 0.2 mg/kg** after 5 minutes.
- May repeat 2 times

7. Regular rhythm – Narrow Complex – **Unstable (hemodynamically unstable):**

- Sedation is rarely needed in patients who require Cardioversion.
- If the patient is conscious and alert, attempt pharmacological intervention first if possible.
- If sedation is needed:
 - **Midazolam (Versed) 0.2 mg/kg IVP or IM for sedation**

8. Perform synchronized **Cardioversion** at 0.5 joules/kg, repeat if unsuccessful at 1 joule/kg. Additional Cardioversion should be continued at 1 joule/kg until conversion.

9. **Transport patient to the closest hospital appropriate for condition.**

Note: Contributing factors to tachycardia include: Hypovolemia, Hypoxia, Acidosis, Hypokalemia, Hyperkalemia, Hypoglycemia, Hypothermia, Poisoning, Cardiac Tamponade, Tension Pneumothorax, Thrombosis and Trauma.

Tachycardias less than 150 beats per minute rarely require pre-hospital intervention.