



Tachycardia With Pulses

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- Unstable patients with persistent tachycardia require immediate cardioversion
- It is unlikely that symptoms of instability are caused primarily by the tachycardia if the heart rate is < 150/min; cardioversion is seldom needed for patients meeting this criteria

BLS

- Manage airway and assist ventilations as necessary
- Assess V/S, including SpO₂
- O₂ at appropriate rate (if hypoxemic)

ALS

- Cardiac monitor, 12-lead ECG at appropriate time (do not delay therapy)
- Establish vascular access at appropriate time (may bolus up to 1000 mL NS)

Persistent tachycardia causing (any):

- Hypotension?
- Acutely altered mental status?
- Signs of shock?
- Ischemic chest discomfort
- Acute heart failure?

YES →

Cardioversion*

- Pre-cardioversion sedation with one of the following should be used for an awake patient whenever possible:
Midazolam: 5 mg IV/IO; **OR**
Morphine: 2 – 5 mg IV/IO; **OR**
Fentanyl: 25 – 50 mcg IV/IO

NO

Wide QRS?
≥0.12
second

YES

NO

A-Fib,
A-Flutter, or
S-Tach?

YES

NO

Valsalva Maneuver

- Monitor & reassess
- Contact base hospital for consultation if necessary

If no response to Valsalva Maneuver, consider:

Adenosine

- First dose: 6 mg rapid IV/IO push
- If rhythm dose not convert within 1 – 2 minutes:
- Second dose: 12 mg rapid IV/IO push
- Flush IV/IO line with 20 mL NS after each dose