



Pediatric Tachycardia – With Pulses

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Next Review: As Needed

Signs of Cardiopulmonary Compromise

- Acutely altered mental status

- Hypotension

- Signs of shock

BLS

- Assess & support ABC's
- High flow O₂
- Assess V/S, including SpO₂

LALS

Consider IV/IO NS (may bolus 20 mL/kg)

Cardiac monitor, 12-lead ECG (AEMT II ONLY)

Probable Sinus Tachycardia

- P waves present & normal
- Variable R-R & constant P-R
- Infants: rate usually < 220
- Children: rate usually < 180

Treat underlying cause

Probable SVT

- P waves absent or abnormal
- HR not variable
- Infants: rate usually ≥ 220
- Children: rate usually ≥ 180

Cardiopulmonary Compromise?

NO

Monitor & reassess

Probable VT

Cardiopulmonary Compromise?

YES

AEMT II ONLY
Synchronized Cardioversion
Base Hospital Order Only

- Initial dose: 0.5 – 1 J/kg
- Subsequent doses: 2 J/kg
- Consider sedation

Contact Base Hospital for treatment consultation

NO