



Pediatric Tachycardia – With Pulses

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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

ALS

- Cardiac monitor, 12-lead ECG at appropriate time
- Consider IV/IO NS (may bolus 20 mL/kg)

Probable Sinus Tachycardia

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

Treat underlying cause

Monitor & reassess

Probable SVT

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

Cardiopulmonary Compromise?

NO

Vagal Maneuver

Vagal Maneuver Successful?

NO

Adenosine (Base Hospital Order Only)

- 1st dose: 0.1 mg/kg rapid IV/IO (max 6 mg)
- If rhythm does not convert within 1 – 2 min:
- 2nd dose: 0.2 mg/kg rapid IV/IO (max 12 mg)
 - Flush IV/IO with 20 mL NS after each dose

Probable VT

Cardiopulmonary Compromise?

NO

YES

Synchronized Cardioversion

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

Contact Base Hospital for treatment consultation