



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

LALS

- Cardiac monitor, 12-lead ECG at appropriate time (**AEMT II**)
- 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

Probable SVT

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

Cardiopulmonary compromise?

NO

- Contact base hospital for consultation as needed
- Monitor & reassess

Probable VT

Cardiopulmonary compromise?

NO

YES

**Synchronized Cardioversion (AEMT II)
Base Hospital Order Only**

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