



**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
- Assess V/S, including SpO<sub>2</sub>
- O<sub>2</sub> at appropriate rate if hypoxic (SpO<sub>2</sub> <94%) or short of breath

**ALS**

- Cardiac & EtCO<sub>2</sub> monitoring, 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/Modified Base Hospital Order Only)**

- 1<sup>st</sup> dose: 0.1 mg/kg rapid IV/IO (max 6 mg), followed with 20 mL IV/IO NS flush
- If rhythm does not convert within 1-2 min:
- 2<sup>nd</sup> dose: 0.2 mg/kg rapid IV/IO (max 12 mg), followed with 20 mL IV/IO NS flush

**Probable VT**

Cardiopulmonary compromise?

NO

YES

**Synchronized Cardioversion Base/Modified Base Hospital Order Only**

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

Consult with base/modified base hospital as needed