

Supraventricular Tachycardia	
ADULT	PEDIATRIC
BLS Procedures	
Administer oxygen as indicated	
ALS Standing Orders	
<p>12 Lead ECG (do not delay synchronized cardioversion for obtaining ECG if unstable)</p> <p>Valsalva maneuver</p> <p>IV/IO access</p> <p><u>Stable</u></p> <ul style="list-style-type: none"> • Adenosine <ul style="list-style-type: none"> ○ IV/IO – 6 mg rapid push immediately followed by 10-20 mL NS flush <p>No conversion or rate control</p> <ul style="list-style-type: none"> • Adenosine <ul style="list-style-type: none"> ○ IV/IO –12 mg rapid push immediately followed by 10-20 mL NS flush ○ May repeat x 1 if no conversion or rate control <p><u>Unstable – hypotension with signs of hypoperfusion</u></p> <ul style="list-style-type: none"> • Synchronized Cardioversion <ul style="list-style-type: none"> ○ Zoll 100, 120, 150, 200 joules ○ Lifepak 100, 200, 300, 360 joules • Fentanyl (Prior to cardioversion) <ul style="list-style-type: none"> ○ Consider for analgesia in patients who are <u>awake and alert</u>. <ul style="list-style-type: none"> ▪ Can be given with SBP less than 90, if there will be no delay in cardioversion. ○ 1 mcg/kg IV/IO/IN 	<p>12 Lead ECG (do not delay synchronized cardioversion for obtaining ECG if unstable)</p> <p>Valsalva maneuver</p> <p>IV/IO access</p> <p><u>Stable</u></p> <ul style="list-style-type: none"> • Adenosine <ul style="list-style-type: none"> ○ IV/IO – 0.1 mg/kg (max 6 mg) rapid push immediately followed by 10-20 mL NS flush <p>No conversion or rate control</p> <ul style="list-style-type: none"> • Adenosine <ul style="list-style-type: none"> ○ IV/IO – 0.2 mg/kg (max 12 mg) rapid push immediately followed by 10-20 mL NS flush ○ May repeat x 1 if no conversion or rate control <p><u>Unstable – hypotension with signs of hypoperfusion</u></p> <ul style="list-style-type: none"> • Synchronized Cardioversion <ul style="list-style-type: none"> ○ 0.5, 1, 2, 4, 6, 8 joules/kg • Fentanyl (Prior to Cardioversion) <ul style="list-style-type: none"> ○ Consider for analgesia in patients who are <u>awake and alert</u>. <ul style="list-style-type: none"> ▪ Can be given with SBP less than Handtevy minimum if there will be no delay in cardioversion. ○ 1 mcg/kg IV/IO/IN
Base Hospital Orders only	
Consult with ED Physician for further treatment measures	
<p>Additional Information:</p> <ul style="list-style-type: none"> • Adenosine temporarily blocks AV nodal conduction with the goal of terminating AVNRT. <ul style="list-style-type: none"> ○ Administration should be reserved for cases with a high suspicion of electrical dysfunction and where heart rate is suspected to be the cause of symptoms. Generally, treatment should be reserved for heart rates greater than 150 bpm. ○ Consider patient potential underlying causes of tachycardia (e.g. sepsis, hypovolemia, heart failure) to aid in identifying cases where transport without Adenosine administration may be appropriate. • Synchronized cardioversion is indicated for unstable patients with any tachycardic dysrhythmia including rapidly conducting atrial fibrillation and rapidly conducting atrial flutter. • Document all ECG strips during adenosine administration and/or synchronized cardioversion. 	