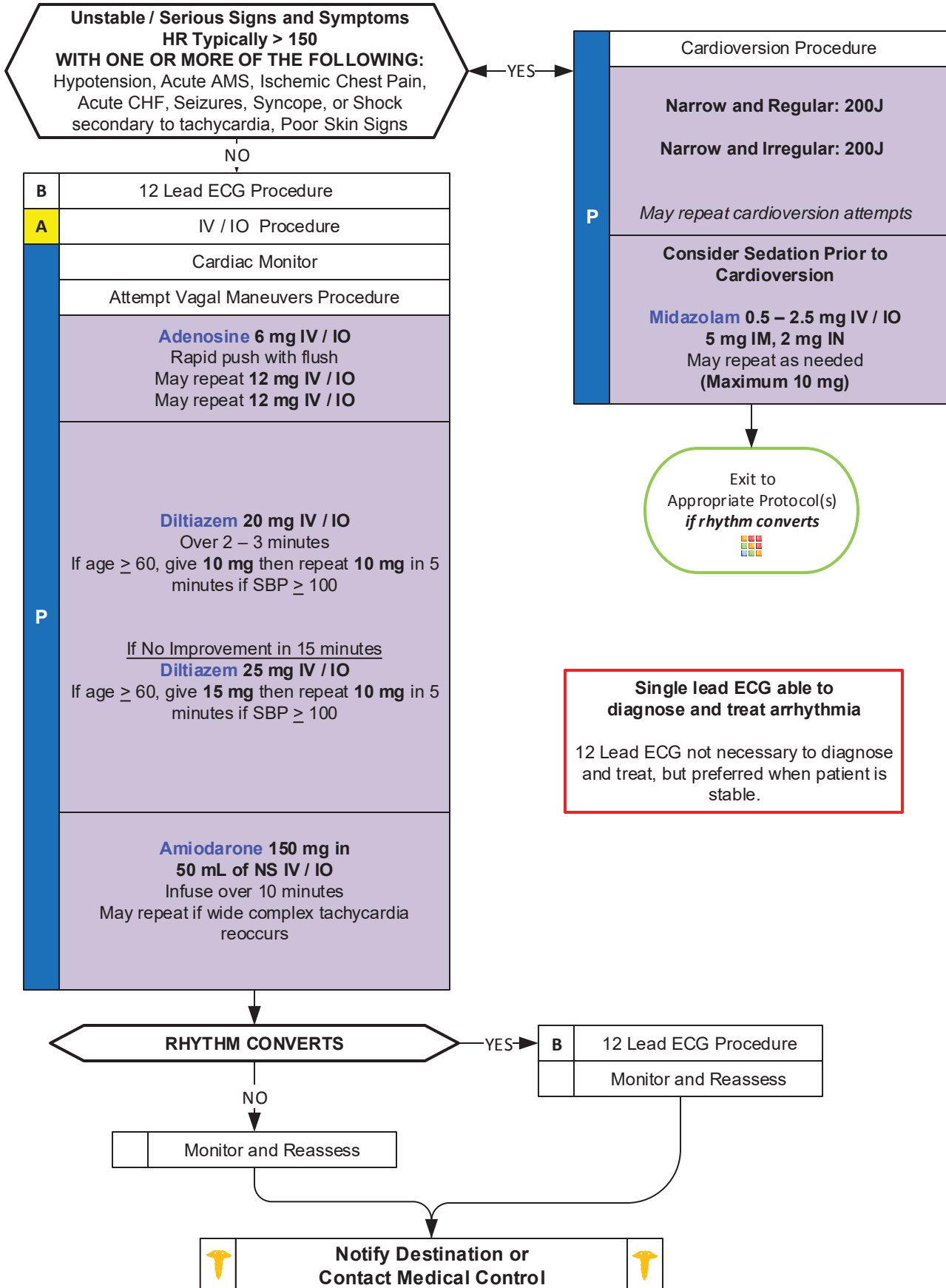


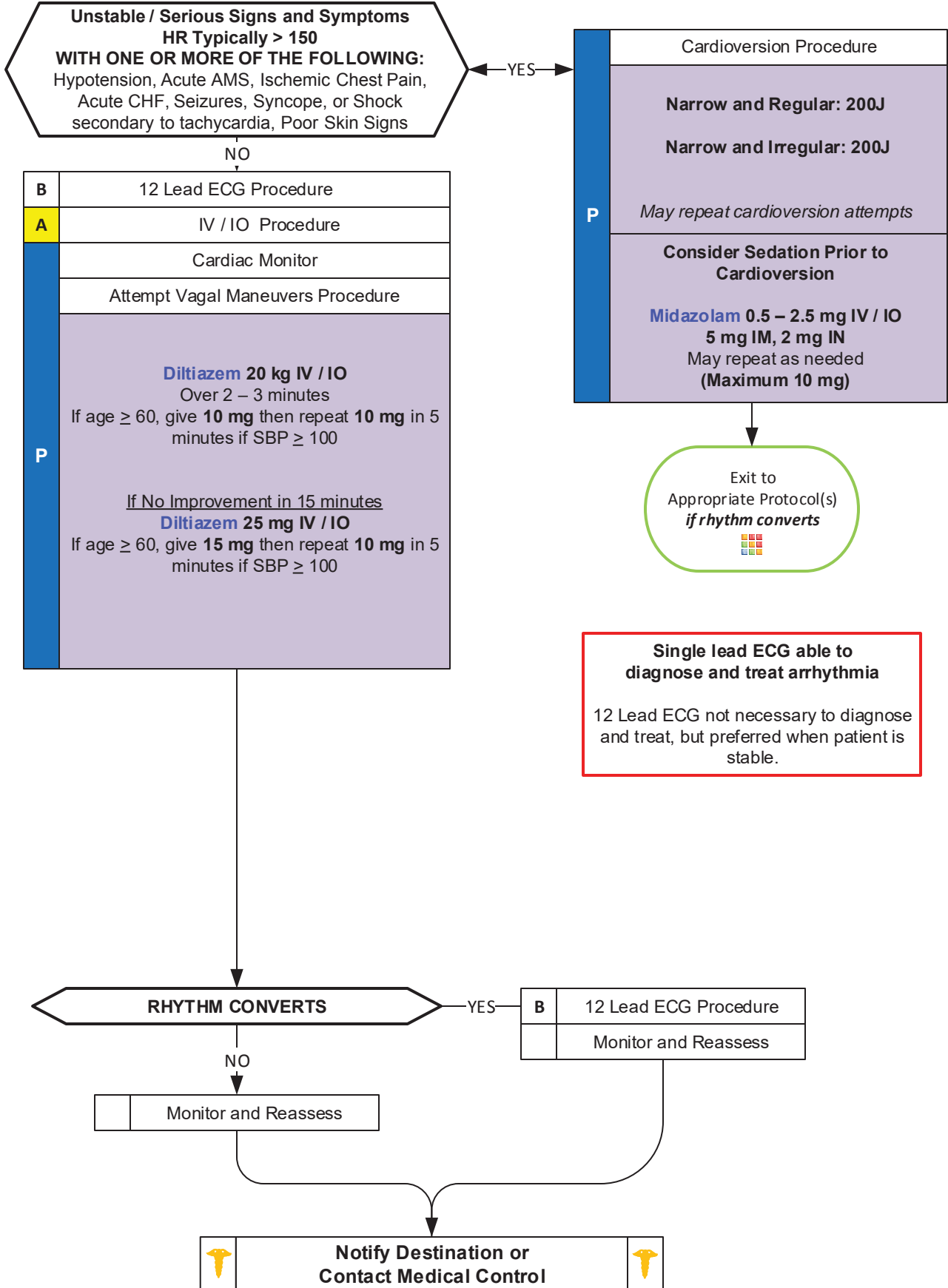
Adult Tachycardia

Narrow Complex (≤ 0.11 sec) REGULAR RHYTHM



Adult Tachycardia

Narrow Complex (≤ 0.11 sec) IRREGULAR RHYTHM



Adult Tachycardia Narrow Complex (≤ 0.11 sec)



Patient should be placed in supine position prior to slow IV administration of Diltiazem.

Pearls

- **Recommended Exam: Mental Status, Skin, Neck, Lung, Heart, Abdomen, Back, Extremities, Neuro**
- **Most important goal is to differentiate the type of tachycardia and if STABLE or UNSTABLE and SYMPTOMATIC.**
- **Rhythm should be interpreted in the context of symptoms.**
- **Unstable condition**
Condition which acutely impairs vital organ function and cardiac arrest may be imminent.
If at any point patient becomes unstable move to unstable arm in algorithm.
- **Symptomatic condition**
Arrhythmia is causing symptoms such as palpitations, lightheadedness, or dyspnea, but cardiac arrest is not imminent.
Symptomatic tachycardia usually occurs at rates ≥ 150 beats per minute. Patients symptomatic with heart rates < 150 likely have impaired cardiac function such as CHF.
- **Serious Signs / Symptoms:**
Hypotension. Acutely altered mental status. Signs of shock / poor perfusion. Chest pain with evidence of ischemia (STEMI, T wave inversions or depressions.) Acute CHF.
- Search for underlying cause of tachycardia such as fever, sepsis, dyspnea, etc.
- If patient has history or 12 Lead ECG reveals Wolfe Parkinson White (WPW), DO NOT administer a Calcium Channel Blocker (e.g. Diltiazem) or Beta Blockers. Use caution with Adenosine and give only with defibrillator available.
- Typical sinus tachycardia is in the range of 100 to (200 - patient's age) beats per minute.
- **Regular Narrow-Complex Tachycardias:**
Vagal maneuvers and adenosine are preferred. Vagal maneuvers may convert up to 25 % of SVT.
Adenosine should be pushed rapidly via proximal IV site followed by 20 mL Normal Saline rapid flush.
Agencies using both calcium channel blockers and beta blockers should choose one primarily. Giving the agents sequentially requires **Contact of Medical Control**. This may lead to profound bradycardia / hypotension.
- **Irregular Tachycardias:**
First line agents for rate control are calcium channel blockers or beta blockers.
Agencies using both calcium channel blockers and beta blockers should choose one primarily. Giving the agents sequentially requires **Contact of Medical Control**. This may lead to profound bradycardia / hypotension.
Adenosine may not be effective in identifiable atrial fibrillation / flutter, yet is not harmful and may help identify rhythm.
Amiodarone may be given in CHF, risk of rhythm conversion in patients with arrhythmia > 48 hours.
- **Synchronized Cardioversion:**
Recommended to treat UNSTABLE Atrial Fibrillation, Atrial Flutter and Monomorphic-Regular Tachycardia (VT.)
- Monitor for hypotension after administration of Calcium Channel Blockers or Beta Blockers.
- Document all rhythm changes with monitor strips and obtain monitor strips with each therapeutic intervention.