Pediatric Tachycardia

Aliases: Supraventricular tachycardia (SVT), atrial fibrillation (a-fib), atrial flutter, ventricular tachycardia (V-tach)

This protocol is for paramedic use only.

This protocol is intended for symptomatic pediatric patients with elevated heart rate, relative for their age. Refer to MI-MEDIC for appropriate vital signs and medication doses.

I. General Treatment
- A. Manage airway as necessary
- B. Provide supplemental O2 as needed to maintain O2 saturation > 94%
- C. Initiate monitoring and perform 12-lead EKG
- D. Establish vascular access
- E. Identify and treat underlying causes of tachycardia such as dehydration, fever, vomiting, sepsis and pain.
- F. Administer fluid bolus 20cc/kg for patients with likely fluid depletion
- G. Consider the following additional therapies if specific dysrhythmias are recognized:

II. Specific Dysrhythmia Treatment

A. **Regular Narrow Complex Tachycardia – Stable** (SVT)
- i. Perform vagal maneuvers
- ii. Administer Adenosine
  1. 0.1 mg/kg (max of 6 mg)
  2. May repeat with 0.2 mg/kg (max of 12 mg)

B. **Regular Narrow Complex Tachycardia – Unstable**
- i. Deliver a synchronized shock; 0.5-1 J/kg for the first dose
- ii. Repeat doses should be 2 J/kg

C. **Regular, Wide Complex Tachycardia – Stable**
- i. Consider Adenosine 0.1 mg/kg (max of 6 mg) for SVT with aberrancy
- ii. If ventricular in origin, give Lidocaine 1 mg/kg IV (max of 100 mg)

D. **Regular, Wide Complex Tachycardia – Unstable**
- i. Synchronized cardioversion 0.5-1.0 J/kg

E. **Unstable, Irregular, Wide Complex Tachycardia –**
- i. Defibrillate according to **Electrical Therapy Procedure**
- ii. Refer to **Pediatric General Cardiac Arrest Protocol**