

## PAROXYSMAL SUPRAVENTRICULAR TACHYCARDIA

A regular rhythm. Heart rate typically 140 to 220. P waves may be absent. The QRS complex normal or narrow (QRS less than 0.12). PSVT has a sudden onset.

Serious Signs or Symptoms (S or S): Chest pain, S.O.B., decreased level of consciousness, low blood pressure, shock, pulmonary edema, acute myocardial infarction.

### Field Treatment - BLS

OXYGEN: High Flow, as tolerated

POC & VITALS Keep patient in position of comfort, assess vitals

### Field Treatment - ALS

IV / IO ACCESS: Large bore with macro tubing at or proximal to the antecubital fossa location for ADENOSINE administration.

ASSESS:

#### **Heart Rate greater than 150 with Presence of Serious S or S**

VERSED: Versed 0.1 mg/kg/dose slow IV push (over 2 min.) to a maximum of 4 mg (may be repeated once)

CARDIOVERT: Synchronized at 100 J., 200 J., 300 J., 360 J (or Biphasic Equivalent)  
Reduce power by half for digitalized patients. If delays in synchronization occur and clinical conditions are critical, go to immediate unsynchronized shocks.

#### **Heart Rate less than 150 with Serious S or S or greater than 150 without Serious S or S**

VALSALVA'S MANEUVER

ADENOSINE: 6 mg, rapid IV push, over 1-3 seconds. If patient does not convert in 1 - 2 mins. repeat adenosine with 12 mg, rapid IV push over 1-3 seconds. If the patient does not convert, a third administration of 12 mg may be administered in 1-2 minutes.

REASSESS: QRS Complex Width, heart rate and patient symptoms