

STABLE NARROW-COMPLEX TACHYCARDIA (HR>150)

1. Establish IV/IO access.
2. Administer **O₂**.
3. Attempt to establish a specific diagnosis through a 12 lead EKG and patient history.
4. If rhythm appears regular:
 - I. Consider Vagal maneuvers.
5. If dysrhythmia persists:
 - I. Place the patient in mild reverse Trendelenburg position.
 - II. Administer 6 mg of **adenosine (Adenocard®)** via rapid IV bolus, followed by 20 ml NS. Elevate the extremity.*
 - III. A second dose of 12 mg may be given after 1–2 minutes if dysrhythmia persists.
6. Consider the administration of diltiazem for rate control if one of the following is present:
 - I. Rhythm appears irregular and atrial fibrillation with a rapid ventricular response is suspected.
 - II. Atrial flutter (which may be regular) with a rapid ventricular response is suspected.
7. Administer 15-20 mg (0.25 mg/kg) of **diltiazem** IV over 2 minutes. May give another IV dose in 15 minutes at 20-25 mg (0.35 mg/kg over 2 min).
8. A maintenance infusion should be established for longer transports at 5-15 mg/hr titrated to physiologically appropriate heart rate.

* Use antecubital IV, if possible, to administer adenosine (Adenocard®).