

STABLE NARROW-COMPLEX PEDIATRIC TACHYCARDIA*



1. Maintain patent airway. Assist breathing as necessary, administer **O₂**.
2. Apply monitor. Perform rhythm assessment, apply 12 lead EKG, and monitor blood pressure and oximetry.
3. Establish IV/IO access.
4. Consider Vagal Maneuvers.†
5. Administer **adenosine (Adenocard®)** at 0.1 mg/kg. Repeat PRN one time at 0.2 mg/kg.
6. If patient becomes unstable, perform cardioversion at 0.5-1 j/kg. If not effective, increase to 2 j/kg. Sedate prior to cardioversion, if needed, with **etomidate** at 0.1 mg/kg, **DO NOT** delay cardioversion.
7. Identify and treat possible causes.

✓ Hypovolemia	✓ Tension pneumothorax
✓ Hypoxemia	✓ Tamponade
✓ Hyperthermia	✓ Toxins/Poisons/Drugs
✓ Hypo/hyperkalemia & Metabolic disorders	✓ Thromboembolism
	✓ Pain
8. Transport patient ASAP.

*Infants rate usually > 220/minute; children rate usually > 180/minute

†Applying ice or cold water to the face may be particularly effective in infants and children.