8.04 PEDIATRIC DYSRHYTHMIA: TACHYCARDIA

BLS Treatment

- Position of comfort.
- NPO
- Assess circulation, airway, breathing, and responsiveness.
- **Oxygen** as indicated.
- Provide **Spinal Motion Restriction** as indicated or position of comfort as indicated.
- Appropriately splint suspected fractures/instability as indicated.
- Bandage wounds/control bleeding as indicated.

ALS Treatment – All Tachycardias

Current American Heart Association Guidelines concerning Emergency Cardiac Care assessments and interventions shall always take precedence over local protocols when there is a conflict concerning techniques of resuscitation.

- Advanced airway if indicated.
- IV with **Normal Saline** TKO, preferably at antecubital fossa.
- If unstable, IO after 1 min of IV attempts.

ALS Treatment – Specific Tachycardias

SINUS TACHYCARDIA (NARROW QRS)

- Search for and treat underlying cause.
- IV or IO with **Normal Saline** fluid bolus.

SUPRAVENTRICULAR TACHYCARDIA WITH PULSE and ADEQUATE PERFUSION (NARROW QRS)

- Consider vagal maneuvers.
- **Adenosine**

SUPRAVENTRICULAR TACHYCARDIA WITH PULSE and POOR PERFUSION (NARROW QRS)

- IV/ IO **Normal Saline** fluid bolus.
- **Adenosine**
- If IV/IO unavailable, synchronized cardioversion.
- Pre-sedate with **Midazolam** if possible; DO NOT delay cardioversion.

VENTRICULAR TACHYCARDIA WITH PULSE and ADEQUATE PERFUSION (WIDE QRS)

- Consider vagal maneuvers.
- **Amiodarone**

VENTRICULAR TACHYCARDIA WITH PULSE and POOR PERFUSION (WIDE QRS)

- IV or IO with **Normal Saline.**
- Synchronized Cardioversion
- If responsive to pain, sedate before cardioversion with **Midazolam**.

8.04 PEDIATRIC DYSRHYTHMIA: TACHYCARDIA

Comments

QRS INTERPRETATION

Sinus Tachycardia	SVT	Ventricular Tachycardia
• Onset often gradual. • Known cause (fluid loss, trauma) • P-waves present/normal • Variable R-R, consistent PR • Rate: infant < 220 bpm. • Rate: child < 180 bpm.	• Onset sudden. • Vague, nonspecific history • P waves absent, HR not variable. QRS < 0.09 sec. • Rate: infant > 220 bpm. • Rate: child > 180 bpm.	• Onset sudden. • QRS duration > 0.09 sec. • Rate: > 120 bpm.

VAGAL MANEUVERS

- Infant and preschool children: Ice cold water to face (place cold washcloth over forehead and face without obstructing airway).
- Older children: Valsalva maneuvers.