# ADULT TACHYCARDIA

Heart Rate > 150 bpm and one of the following:
BP < 90 mm/Hg or
Altered Level of Consciousness

If immediately identifiable Atrial Fibrillation or Atrial consult **MCP.**

**YES**

**NO**

## Immediate Synchronized Cardioversion

100 J or equivalent biphasic.
If no conversion then repeat with 200 J, 300 J, 360 J

Check for conversion after each shock

If no conversion then prepare for expedited transport

Perform Initial Treatment Protocol

**Contact Medical Command Physician**

Consider other treatment:

- Consider **Adenosine** only if ECG QRS is regular and monomorphic.
- Consider antiarrhythmic infusion per **Medical Command Physician**

**NARROW**

Is QRS Narrow (< 0.12 sec) or Wide (≥ 0.12 sec)

**WIDE**

## Supraventricular Tachycardia

Valsalva/Vagal maneuvers

Adenosine 6 mg IV push

- If no conversion in 1 - 2 min then Adenosine 12 mg IVP
- If conversion then support and transport

## Wide Complex Tachycardia

If 12 lead ECG shows waveform Monomorphic and Regular then consider:
**Adenosine** 6 mg rapid IV push; follow with NS flush. Second dose 12 mg if required.

Consider antiarrhythmic:
**Amiodarone -**150 mg IV over 10 minutes. Repeat 150 mg if Ventricular Tachycardia recurs
-OR-
**Lidocaine -** 0.5 to 0.75 mg/kg every 5 - 10 minutes with maximum total dose of 3 mg/kg

If patient loses pulse then go to **Adult Cardiac Arrest Protocol 5205 Consult Medical Command**

If rhythm changes to wide QRS, then follow **Wide Complex Tachycardia** algorithm