NARROW COMPLEX TACHYCARDIA

**ADULT ALGORITHM**

**ABCs / ROUTINE MEDICAL CARE** - Be prepared to support ventilation with appropriate airway adjuncts and circulation with external chest compressions.

Administer oxygen at the appropriate flow rate per routine medical care protocol.

Place patient in position of comfort.

**PROTOCOL PROCEDURE:** Flow of protocol presumes that narrow complex tachycardia is continuing. If response or condition changes see appropriate protocol. Rate related symptoms are uncommon in rates < 150 BPM. If the patient remains stable and rhythm does not convert, transport to appropriate hospital. If at any time the patient becomes unstable, go to the unstable section of this protocol.

<table>
<thead>
<tr>
<th>STABLE</th>
<th>UNSTABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(GCS 14 or greater; SBP greater than 100; NO SEVERE CHEST PAIN/DYSPEA)</td>
<td>(GCS less than 14; SBP less than 100; SEVERE CHEST PAIN/DYSPEA)</td>
</tr>
<tr>
<td>Attempt Valsalva</td>
<td>*If patient is awake consider sedation with Versed 2.5 mg IV/IO push q 5 min/ 5 mg IN/IM.</td>
</tr>
<tr>
<td>Establish IV administer 250 mL fluid bolus(es)</td>
<td>Do not delay cardioversion if patient is unresponsive</td>
</tr>
<tr>
<td><strong>Regular Rhythm</strong></td>
<td>Establish IV/IO  (If time allows)</td>
</tr>
<tr>
<td>Adenosine</td>
<td><strong>Regular Rhythm</strong></td>
</tr>
<tr>
<td>6 mg rapid IVP w/10 mL flush</td>
<td>Synchronized Cardioversion: 70/75 J.</td>
</tr>
<tr>
<td>If 1st dose unsuccessful: Repeat with 12 mg rapid IVP w/10 mL flush, May repeat x 1 (Max total of 30mg)</td>
<td>If no conversion: 120→150→200J</td>
</tr>
<tr>
<td><strong>Irregular Rhythm</strong></td>
<td><strong>Irregular Rhythm</strong></td>
</tr>
<tr>
<td>Monitor patient</td>
<td>Synchronized Cardioversion: 120J.</td>
</tr>
<tr>
<td>Move to unstable section if patient condition deteriorates</td>
<td>If no conversion: 150→200J</td>
</tr>
</tbody>
</table>

**Contact Base**  
(Consider transmitting 12 lead, if equipped)
NARROW COMPLEX TACHYCARDIA

CONTINUED

PEDIATRIC ALGORITHM

ABCs / ROUTINE MEDICAL CARE - Be prepared to support ventilation with appropriate airway adjuncts and circulation with external chest compressions. Administer oxygen at the appropriate flow rate, preferably high flow via non-rebreather mask. Place patient in position of comfort.

PROTOCOL PROCEDURE: Flow of protocol presumes that narrow complex tachycardia is continuing. If response or condition changes see appropriate protocol. Supra-ventricular tachycardia is defined as pulse rate > 220 in infants (<1 year) and > 180 in children. If the patient remains stable and rhythm does not convert, transport to appropriate hospital. If at any time the patient becomes unstable, go to the unstable section of this protocol.

STABLE
(GCS 14 or greater; ADEQUATE PERFUSION; NO SEvere CHEST PAIN/DYSpNEA)

- Attempt Valsalva/Ice Pack
  - Establish IV administer 20 mL/kg fluid bolus(es)

  Regular Rhythm
  - Adenosine
  - 0.1 mg/kg rapid IVP w/5 mL flush
    (Max. 6 mg)
  - If 1st dose unsuccessful:
    Repeat with 0.2 mg/kg rapid IVP w/5 mL flush (Max of 0.3 mg/kg)
    (Max 12 mg)

  Irregular Rhythm
  - Monitor patient
  - Move to unstable section if patient condition deteriorates

UNSTABLE
(GCS less than 14; INADEQUATE PERFUSION; SEVERE CHEST PAIN/DYSPNEA)

- If patient is alert:
  Consider sedation with Versed
  0.1 mg/kg diluted in 3 mL NS
  slow IV/IO push or 0.1 mg/kg IM or IN.
  Do not delay cardioversion if patient is unresponsive
  - Establish IV/IO (If time allows)
  - Synchronized Cardioversion:
    0.5-1 J/kg. Repeat as needed at 2 J/kg

Contact Base
(Consider transmitting 12 lead, if equipped)

References: Formulary Versed, Adenosine
Routine Medical Care, Cardioversion