

CARDIAC EMERGENCIES

Paroxysmal Supraventricular Tachycardias C7

SUPRAVENTRICULAR TACHYCARDIA: STABLE

Heart rate greater than 150 beats per minute –regular rhythm usually with narrow QRS complex. May have mild chest discomfort.

1. Ensure a patent airway
 - **OXYGEN** - high flow. Be prepared to support ventilation as needed.
2. **CARDIAC MONITOR** – record continuous strip during therapy. *Rhythm analysis should be based on recorded strip, not monitor screen.*
3. Consider 12-lead ECG
4. **IV ACCESS TKO**
5. **VALSALVA**
6. Consider:
 - **ADENOSINE** 6 mg rapid IV - followed by 20 ml bolus of normal saline. *Do not administer Adenosine if poison- or drug-induced tachycardia.*
 - **If patient has not converted, ADENOSINE** 12 mg rapid IV - followed by 20 ml bolus of normal saline, 1-2 minutes after initial dose. May repeat dose once.
7. Contact Base Hospital if any questions or if additional therapy is required

SUPRAVENTRICULAR TACHYCARDIA: UNSTABLE

Signs of poor perfusion, moderate to severe chest pain, dyspnea, blood pressure less than 90 or CHF. Heart rate greater than 150 beats per minute – regular rhythm usually with narrow QRS complex. If rhythm not regular, SVT unlikely. If wide QRS complex consider ventricular tachycardia.

1. Ensure a patent airway
 - **OXYGEN** - high flow. Be prepared to support ventilation as needed.
2. Position of comfort. If decrease level of consciousness, position left lateral decubitus
3. **CARDIAC MONITOR** – record continuous strip during therapy. *Rhythm analysis should be based on recorded strip, not monitor screen.*
4. Consider 12-lead ECG if patient not in extremis
5. **IV ACCESS TKO**
6. Consider:
 - **ADENOSINE** 6 mg rapid IV - followed by 20 ml bolus of normal saline. *Do not administer Adenosine if poison- or drug-induced tachycardia.*
 - **If patient has not converted, ADENOSINE** 12 mg rapid IV - followed by 20 ml bolus of normal saline, 1-2 minutes after initial dose. May repeat dose once.
7. Prepare for **SYNCHRONIZED CARDIOVERSION**. If awake and aware, sedation with **MIDAZOLAM** - initial dose 1 mg, titrate in 1-2 mg increments (maximum dose 5 mg).
 - **SYNCHRONIZED CARDIOVERSION** 50 joules (low energy setting – 50 W/S)
 - **SYNCHRONIZED CARDIOVERSION** 100 joules (low energy setting – 75 W/S)
 - **SYNCHRONIZED CARDIOVERSION** 200 joules (low energy setting – 120 W/S)
 - **SYNCHRONIZED CARDIOVERSION** 300 joules (low energy setting – 150 W/S)
 - **SYNCHRONIZED CARDIOVERSION** 360 joules (low energy setting – 200 W/S)
8. Consider 12-Lead ECG post-conversion if patient condition permits.
9. Contact Base Hospital if any questions or if additional therapy is required