

Pediatric Tachycardia

Aliases: Supraventricular tachycardia (SVT), atrial fibrillation (a-fib), atrial flutter, ventricular tachycardia (V-tach)



This protocol is for paramedic use only.

This protocol is intended for symptomatic pediatric patients with elevated heart rate, relative for their age. Refer to MI-MEDIC for appropriate vital signs and medication doses.

- I. General Treatment
 - A. Manage airway as necessary
 - B. Provide supplemental O₂ as needed to maintain O₂ saturation > 94%
 - C. Initiate monitoring and perform 12-lead EKG
 - D. Establish vascular access
 - E. Identify and treat underlying causes of tachycardia such as dehydration, fever, vomiting, sepsis and pain.
 - F. Administer fluid bolus 20cc/kg for patients with likely fluid depletion
 - G. Consider the following additional therapies if specific dysrhythmias are recognized:



- II. Specific Dysrhythmia Treatment
 - A. **Regular Narrow Complex Tachycardia – Stable (SVT)**
 - i. Perform vagal maneuvers
 - ii. Administer Adenosine
 1. 0.1 mg/kg (max of 6 mg)
 2. May repeat with 0.2 mg/kg (max of 12 mg)
 - B. **Regular Narrow Complex Tachycardia – Unstable**
 - i. Deliver a synchronized shock; 0.5-1 J/kg for the first dose
 - ii. Repeat doses should be 2 J/kg
 - C. **Regular, Wide Complex Tachycardia – Stable**
 - i. Consider Adenosine 0.1 mg/kg (max of 6 mg) for SVT with aberrancy
 - ii. If ventricular in origin, give Lidocaine 1 mg/kg IV (max of 100 mg)
 - D. **Regular, Wide Complex Tachycardia – Unstable**
 - i. Synchronized cardioversion 0.5-1.0 J/kg
 - E. **Unstable, Irregular, Wide Complex Tachycardia –**
 - i. Defibrillate according to **Electrical Therapy Procedure**
 - ii. Refer to **Pediatric General Cardiac Arrest Protocol**