3.5P Tachycardia – Pediatric

EMT/ADVANCED EMT STANDING ORDERS

E/A

- Routine Patient Care.
- 12-lead ECG if available.

PARAMEDIC STANDING ORDERS

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If hemodynamically unstable:

For narrow complex/probable SVT:

- Adenosine 0.1 mg/kg IV not to exceed 6 mg (first dose).
- Repeat once at 0.2 mg/kg not to exceed 12 mg (subsequent dose).
- If adenosine is ineffective or for wide complex, perform synchronized cardioversion:
- 0.5 – 1 J/kg; if unsuccessful, increase to 2 J/kg.
- Administer procedural sedation prior to/during pacing, if feasible:
  - *Midazolam 0.05 mg/kg IV/IM or 0.1 mg/kg IN (maximum dose 3 mg); may repeat once in 5 minutes, **OR**
  - Lorazepam 0.05 mg/kg IV/IM (maximum dose 1 mg); may repeat once in 5 minutes, **OR**
  - Diazepam 0.1 mg/kg IV (maximum dose 5 mg); may repeat once in 5 minutes

If hemodynamically stable:

For narrow complex, probable supraventricular tachycardia, or regular wide complex tachycardia (monomorphic QRS ONLY):

- Adenosine 0.1 mg/kg IV not to exceed 6 mg (first dose).
  - May repeat once at 0.2 mg/kg IV not to exceed 12 mg (subsequent dose).

For wide complex:

- Contact online **Medical Control** for consideration of amiodarone 5 mg/kg IV (maximum: 300 mg) over 20-60 minutes.

*For IN administration of midazolam use a 5 mg/mL concentration.

PEARLS:

- Consider and treat potential underlying causes, e.g., hypoxemia, dehydration, fever.
- Signs and symptoms of hemodynamic instability:
  - Hypotension
  - Acutely altered mental status
  - Signs of shock
- Probable Sinus Tachycardia:
  - Compatible history consistent with known cause
  - P waves are present and normal
  - Variable R-R and constant P-R interval
  - Infants: rate usually <220/min
  - Children: rate usually <180/min
- Probable Supraventricular Tachycardia:
  - Compatible history (vague, nonspecific); history of abrupt onset / rate changes
  - P waves absent / abnormal
  - Heart-rate is NOT variable
  - Infants: rate usually >220/min
  - Children: rate usually >180/min
    - Adenosine should be administered rapidly though a proximal (e.g., antecubital) vein site followed by a rapid saline flush

The New Hampshire Bureau of EMS has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. These protocols, policies, or procedures MAY NOT BE altered or modified.