



# PEDIATRIC TACHYCARDIA



## Escambia County, Florida - ALS/BLS Medical Protocol

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### Supportive Care

1. Maintain airway, Oxygen if hypoxemic
2. EKG monitor, O2 sat. monitor, obtain IV access
3. 12 lead EKG, transmit to receiving hospital (don't delay treatment)
4. Follow [Medical Supportive Care Protocol](#).

### ALS Level 1

**IF UNSTABLE WITH** signs or symptoms of HYPOTENSION, ALTERED MENTAL STATUS, SIGNS OF SHOCK, ISCHEMIC CHEST PAIN, or ACUTE HEART FAILURE then:

#### **Synchronized Cardioversion.**

If conscious consider **Lorazepam (Ativan)** 0.05 mg/kg to 0.1 mg/kg IV, slowly. May cause respiratory depression. **Do not delay therapy.**

Perform **Synchronized Cardioversion** as below:

0.5 to 1.0 joules/kg

If not effective, increase to 2 joules/kg.

**IF STABLE WITHOUT** signs or symptoms of HYPOTENSION, ALTERED MENTAL STATUS, SIGNS OF SHOCK, ISCHEMIC CHEST PAIN, ACUTE HEART FAILURE) and

#### **IF WIDE QRS ( $\geq 0.09$ seconds):**

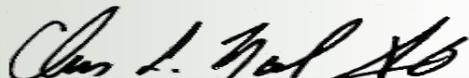
Consider **Adenosine** only if Regular and Monomorphic. (First dose) 0.1 mg/kg. rapid IV push followed with NS flush. (Second dose if needed) 0.2 mg/kg rapid IV push followed with NS flush.



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Approved by:

  
Charles Neal, D.O. Medical Director



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Consider Amiodarone (First Dose) 5 mg/kg IV drip over 20 to 60 minutes.

**If Narrow QRS ( $\leq 0.09$  seconds)**

IF REGULAR consider Adenosine (First dose) (First dose) 0.1 mg/kg. rapid IV push followed with NS flush. (Second dose if needed) 0.2 mg/kg rapid IV push followed with NS flush.



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