

Supraventricular Tachycardia	
ADULT	PEDIATRIC
BLS Procedures	
Administer oxygen as indicated	
ALS Standing Orders	
Valsalva maneuver IV/IO access <u>Stable</u> – Mild to moderate chest pain/SOB <u>Unstable</u> – ALOC, signs of shock or CHF <ul style="list-style-type: none"> Place on backboard and prepare for synchronized cardioversion 	Valsalva maneuver IV/IO access <u>Stable</u> – Mild to moderate chest pain/SOB <u>Unstable</u> – ALOC, signs of shock or CHF <ul style="list-style-type: none"> Place on backboard and prepare for synchronized cardioversion
Communication Failure Protocol	
<u>Stable</u> <ul style="list-style-type: none"> Adenosine <ul style="list-style-type: none"> IV/IO – 6 mg rapid push immediately followed by 10-20 mL NS flush No conversion or rate control <ul style="list-style-type: none"> Adenosine <ul style="list-style-type: none"> IV/IO – 12 mg rapid push immediately followed by 10-20 mL NS flush May repeat x 1 if no conversion or rate control <u>Unstable</u> <ul style="list-style-type: none"> Synchronized Cardioversion <ul style="list-style-type: none"> Use the biphasic energy settings that have been approved by service provider medical director. Consider BHC for sedation (midazolam IV/IO 2mg) prior to cardioversion for special circumstances 	<u>Stable</u> <ul style="list-style-type: none"> Adenosine <ul style="list-style-type: none"> IV/IO – 0.1 mg/kg (max dose 6 mg) rapid push immediately followed by 10-20 mL NS flush No conversion or rate control <ul style="list-style-type: none"> Adenosine <ul style="list-style-type: none"> IV/IO – 0.2 mg/kg (max dose 12 mg) rapid push immediately followed by 10-20 mL NS flush May repeat x 1 if no conversion or rate control <u>Unstable</u> <ul style="list-style-type: none"> Synchronized Cardioversion <ul style="list-style-type: none"> Use the biphasic energy settings that have been approved by service provider medical director.
Base Hospital Orders only	
Consult with ED Physician for further treatment measure	
Additional Information: <ul style="list-style-type: none"> Adenosine is contraindicated in patients with history of 2° or 3rd° AV Block, Sick Sinus Syndrome (except in patient with functioning pacemaker), or known hypersensitivity to adenosine. Unless the patient is in moderate or severe distress, consider IV access and transport only. Consider withholding adenosine administration if patient is stable until ED Physician evaluation. Prior to administering Adenosine in pediatric patients, evaluate for possible underlying causes of tachycardia (infection, dehydration, trauma, etc.) Document all ECG strips during adenosine administration and/or synchronized cardioversion. Special circumstances for sedation prior to cardioversion includes, but is not limited to: Fully awake and alert, but with unstable vital signs 	

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VCEMS Medical Director