

<b>Supraventricular Tachycardia</b>	
<b>ADULT</b>	<b>PEDIATRIC</b>
<b>BLS Procedures</b>	
Administer oxygen as indicated	
<b>ALS Standing Orders</b>	
<p>Valsalva maneuver IV/IO access</p> <p><u>Stable</u> - Mild to moderate chest pain/SOB</p> <p><b>Adenosine</b></p> <ul style="list-style-type: none"> <li>o IV/IO – 6 mg rapid push immediately followed by 10-20 mL NS flush</li> </ul> <p>No conversion or rate control</p> <p><b>Adenosine</b></p> <ul style="list-style-type: none"> <li>o IV/IO –12 mg rapid push immediately followed by 10-20 mL NS flush</li> <li>o May repeat x 1 if no conversion or rate control</li> </ul> <p><u>Unstable</u> - ALOC, signs of shock or CHF</p> <p><b>Synchronized Cardioversion</b></p> <ul style="list-style-type: none"> <li>o <b>Zoll</b> 100, 120, 150, 200 Joules</li> <li>o <b>Lifepak</b> 100, 200, 300, 360 Joules</li> <li>o Consider sedation prior to cardioversion for special circumstances.</li> </ul> <p><u>Special Circumstances*</u></p> <p><b>Fentanyl</b></p> <ul style="list-style-type: none"> <li>o 1 mcg/kg IV/ IO / IN prior to electrical therapy.</li> </ul>	<p>Valsalva maneuver IV/IO access</p> <p><u>Stable</u> - Mild to moderate chest pain/SOB</p> <p><b>Adenosine</b></p> <ul style="list-style-type: none"> <li>o IV/IO – 0.1 mg/kg (max 6 mg) rapid push immediately followed by 10-20 mL NS flush</li> </ul> <p>No conversion or rate control</p> <p><b>Adenosine</b></p> <ul style="list-style-type: none"> <li>o IV/IO – 0.2 mg/kg (max 12 mg) rapid push immediately followed by 10-20 mL NS flush</li> <li>o May repeat x 1 if no conversion or rate control</li> </ul> <p><u>Unstable</u> - ALOC, signs of shock or CHF</p> <p><b>Synchronized Cardioversion</b></p> <ul style="list-style-type: none"> <li>o 0.5, 1, 2, 4, 6, 8 joules/kg</li> <li>o Consider sedation prior to cardioversion for special circumstances.</li> </ul> <p><u>Special Circumstances*</u></p> <p><b>Fentanyl</b></p> <ul style="list-style-type: none"> <li>o 1 mcg/kg IV/ IO / IN prior to electrical therapy.</li> </ul>
<b>Base Hospital Orders only</b>	
Consult with ED Physician for further treatment measure	
<p>Additional Information:</p> <ul style="list-style-type: none"> <li>• *Special circumstances for sedation prior to cardioversion include fully awake and alert, patients with unstable vital signs.</li> <li>o 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.</li> <li>o Consider patient stability, likelihood of other rhythms (Rapid a-fib, sinus tachycardia, a-flutter), and potential underlying causes of tachycardia (sepsis, hypovolemia, heart failure) to aid in identifying cases where transport without Adenosine administration may be appropriate.</li> <li>o Prior to administering Adenosine in pediatric patients, evaluate for possible underlying causes of tachycardia (infection, dehydration, trauma, etc.)</li> <li>o Document all ECG strips during adenosine administration and/or synchronized cardioversion.</li> </ul>	