PEDIATRIC TACHYCARDIA WITH PULSES 'SYMPTOMATIC'

PARAMEDIC

WIDE QRS greater than 0.09 sec

Regular Rhythm, Possible Ventricular Tachycardia and Unstable

1. Synchronized cardioversion:
   a. 1 Joules / kg
   b. Increase to 2 Joules / kg
   c. Consider sedation:

➢ **Midazolam (Versed)** 0.1 mg/kg to a maximum dose of 5 mg IV, IO, IM, or IN.
   ➢ May repeat initial dose once.
   ➢ Contraindicated with hypotension.

OR

Ketamine (Ketalar) 1.0 mg/kg IV

   ➢ May repeat initial dose once
   ➢ Contact Medical Control for further orders

Regular Rhythm and QRS monomorphic consider

1. **Adenosine** 0.1mg/kg rapid bolus (max 6mg) Second dose 0.2mg/kg rapid bolus (max 12mg).

2. **Cordarone (Amiodarone)**

   5 mg / kg IV / IO over 10 minutes,

   max 150 mg.

3. Contact Medical Control.

NARROW QRS less than = 0.09 sec

Supraventricular Tachycardia

1. Infants greater than = 200 bpm
2. Children greater than = 180 bpm
3. Attempt vagal maneuvers
4. **Adenosine** 0.1 mg/kg, maximum 6 mg rapid IV
   ➢ Must be rapidly given and flushed with 20 ml of saline.
   ➢ May repeat double the original dose one time as needed.
5. Contact Medical Control to consider Synchronized Cardioversion.

For all tachycardias, search for and treat possible contributing factors:

➢ Hypovolemia
➢ Hypoxia
➢ Hydrogen ion (acidosis)
➢ Hypo-/hyperkalemia
➢ Hypoglycemia
➢ Hypothermia
➢ Toxins
➢ Tamponade, cardiac
➢ Tension pneumothorax
➢ Thrombosis (coronary or pulmonary)
➢ Trauma