PEDIATRIC TACHYCARDIA
POOR PERFUSION

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- Rapid heart rate (HR> 220 infant: HR> 180 child) with pulse and poor perfusion

☎ **PHYSICIAN CONSULT**
▪ **Amiodarone**

CRITICAL INFORMATION

- Treat according to length based color-coded resuscitation tape. Apply corresponding wrist band.
- Neonate = birth to four weeks; infant = four weeks to 1 year; child = 1-14 years; adolescent = >14 years
- Monophasic and biphasic doses are the same

TREATMENT

- ALS RMC
- 12-lead EKG
- If normal QRS ≤ 0.09 seconds; Probable Sinus Tachycardia or Supraventricular Tachycardia:
  - Consider vagal maneuvers, but do not delay other treatments
  - If vascular access readily available, **Adenosine** 0.1mg/kg IV/ IO; max first dose 6 mg. MR X 1; (double the dose), maximum dose 12 mg. Follow each dose with rapid 10 ml flush.
  - Premedicate with **Midazolam** 0.1 mg/kg IV. Do not delay cardioversion if patient unstable.
  - Cardiovert: 0.5-1J/kg; if not effective, increase to 2 J/kg
- Wide QRS ≥ 0.09 seconds; Probable Ventricular Tachycardia:
  - Cardiovert (see above)
  - ☎ **Amiodarone** if no response to cardioversion: 5 mg/kg IV over 20-60 minutes

SPECIAL CONSIDERATION

- Consider and treat possible contributing factors:

▪ Hypovolemia ▪ Hypoxemia ▪ Hydrogen ion (acidosis) ▪ Hypo/Hyperkalemia ▪ Hypoglycemia ▪ Hypothermia	▪ Toxins (overdoses) ▪ Tamponade, cardiac ▪ Tension pneumothorax ▪ Thrombosis (coronary / pulmonary) ▪ Pain ▪ Trauma