

NARROW COMPLEX TACHYCARDIA

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- QRS < 0.12 sec. documented rhythm in two leads (if >0.12 sec., go to Wide Complex Policy)
- Includes Atrial Fibrillation, Atrial Flutter, and SVT (SVT is regular HR > 150)

TREATMENT

- ALS RMC
- Proximal vein is preferred IV site
- **Stable SVT Patients** (normal mental status and/or signs of normal or mildly decreased perfusion):
 - Obtain 12-lead ECG
 - Consider valsalva maneuver
 - If no response to valsalva:
 - **Adenosine** 6 mg RAPID IVP followed by 20 ml saline flush
 - If no response after 1 - 2 min:
 - **Adenosine** 12 mg RAPID IVP followed by 20 ml saline flush
 - If no response after 1 - 2 min:
 - **Adenosine** 12 mg RAPID IVP followed by 20 ml saline flush
 - Elevate the extremity after each rapid bolus
- **Stable Atrial Fibrillation and Atrial Flutter:**
 - Obtain 12-lead ECG
- **Unstable SVT/ Atrial Fibrillation/ Atrial Flutter** (signs of poor perfusion: decreased LOC, BP < 100, CHF, or chest pain):
 - If patient is conscious, consider sedation with **Midazolam** 1 mg SLOW IV/IO (use with caution if patient is hypotensive)
 - Synchronized cardioversion @ 100J, 200J, 300J, 360J (or biphasic equivalent)
 - If any delay in synchronized cardioversion and the patient is critical, defibrillate the patient.

SPECIAL CONSIDERATION

- Consider treating possible contributing factors:

<ul style="list-style-type: none"> ▪ Hypovolemia ▪ Hypoxemia ▪ Hydrogen ion (acidosis) ▪ Hypo/Hyperkalemia ▪ Hypoglycemia ▪ Hypothermia 	<ul style="list-style-type: none"> ▪ Toxins (overdoses) ▪ Tamponade, cardiac ▪ Tension pneumothorax ▪ Thrombosis (coronary / pulmonary) ▪ Trauma
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DOCUMENTATION- ESSENTIAL ELEMENTS

- 12-lead ECG findings

RELATED POLICIES/ PROCEDURES

- Wide Complex Tachycardia C 6
- Adult Sedation ATG 3