# Supraventricular Tachycardia

## ADULT

**BLS Procedures**
- Administer oxygen as indicated

**ALS Standing Orders**

### Valsalva maneuver
- IV/IO access

### Stable - Mild to moderate chest pain/SOB

**Adenosine**
- IV/IO – 6 mg rapid push immediately followed by 10-20 mL NS flush

No conversion or rate control

- IV/IO – 12 mg rapid push immediately followed by 10-20 mL NS flush
- May repeat x 1 if no conversion or rate control

### Unstable - ALOC, signs of shock or CHF

**Synchronized Cardioversion**
- Zoll 100, 120, 150, 200 Joules
- Lifepak 100, 200, 300, 360 Joules
- Consider sedation prior to cardioversion for special circumstances.

**Special Circumstances***

**Fentanyl**
- 1 mcg/kg IV/IO / IN prior to electrical therapy.

### Base Hospital Orders only

Consult with ED Physician for further treatment measure

**Additional Information:**
- *Special circumstances for sedation prior to cardioversion include fully awake and alert, patients with unstable vital signs.
- 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.
- 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.
- 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.

## PEDIATRIC

**BLS Procedures**
- Administer oxygen as indicated

**ALS Standing Orders**

### Valsalva maneuver
- IV/IO access

### Stable - Mild to moderate chest pain/SOB

**Adenosine**
- IV/IO – 0.1 mg/kg (max 6 mg) rapid push immediately followed by 10-20 mL NS flush

No conversion or rate control

- IV/IO – 0.2 mg/kg (max 12 mg) rapid push immediately followed by 10-20 mL NS flush
- May repeat x 1 if no conversion or rate control

### Unstable - ALOC, signs of shock or CHF

**Synchronized Cardioversion**
- 0.5, 1, 2, 4, 6, 8 joules/kg
- Consider sedation prior to cardioversion for special circumstances.

**Special Circumstances***

**Fentanyl**
- 1 mcg/kg IV/IO / IN prior to electrical therapy.