### Supraventricular Tachycardia

<table>
<thead>
<tr>
<th>Adult</th>
<th>Pediatric</th>
</tr>
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<tbody>
<tr>
<td><strong>BLS Procedures</strong></td>
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<td>Administer oxygen as indicated</td>
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<td><strong>ALS Prior to Base Hospital Contact</strong></td>
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<td>Valsalva maneuver</td>
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<tr>
<td>IV access</td>
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<tr>
<td><strong>Stable</strong> – Mild to moderate chest pain/SOB</td>
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<tr>
<td><strong>Unstable</strong> – ALOC, signs of shock or CHF</td>
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<tr>
<td>• Place on backboard and prepare for synchronized cardioversion</td>
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### Communication Failure Protocol

#### Stable
- **Adenosine**
  - IV – 6 mg rapid push immediately followed by 10-20 mL NS flush
  - No conversion or rate control
  - **Adenosine**
    - IV – 12 mg rapid push immediately followed by 10-20 mL NS flush
    - May repeat x 1 if no conversion or rate control

#### Unstable
- **Midazolam**
  - IV – 2 mg
    - Should only be given if it does not result in delay of synchronized cardioversion
    - For IV use – Dilute 5 mg (1 mL) Midazolam with 4 mL NS for a final volume of 5 mL concentration of 1 mg/mL
    - IO Access for unstable adults only.
  - **Synchronized Cardioversion**
    - Use the biphasic energy settings that have been approved by service provider medical director.

#### Unstable
- **Synchronized Cardioversion**
  - Use the biphasic energy settings that have been approved by service provider medical director.

### Base Hospital Orders only
- Consult with ED Physician for further treatment measure

### Additional Information:
- Adenosine is contraindicated in pt with 2° or 3rd° AV Block, Sick Sinus Syndrome (except in pt with functioning pacemaker), or known hypersensitivity to adenosine.
- Unless the patient is in moderate or severe distress, consider IV access and transport only. Consider withholding adenosine administration if patient is stable until ED Physician evaluation.
- 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.

**Effective Date:** December 1, 2012  
**Date Revised:** August, 2012  
**Next Review Date:** September, 2016  
**Last Reviewed:** September 11, 2014