Supraventricular Tachycardia

ADULT	PEDIATRIC

BLS Procedures

Administer oxygen as indicated

ALS Standing Orders

ADULT	PEDIATRIC
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 **Adenosine** ○ 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.	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 **Adenosine** ○ 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.

Base Hospital Orders only

Consult with ED Physician for further treatment measures

Additional Information:

- *Special circumstances for sedation prior to cardioversion include fully awake and alert, patients with unstable vital signs.
- Adenosine temporarily blocks AV nodal conduction with the goal of terminating AVNRT.
  - Administration should be reserved for cases with a high suspicion of electrical dysfunction and where heart rate is suspected to be the cause of symptoms. Generally, treatment should be reserved for heart rates greater than 150.
  - Consider patient potential underlying causes of tachycardia (sepsis, hypovolemia, heart failure) to aid in identifying cases where transport without Adenosine administration may be appropriate.
- Synchronized cardioversion is indicated for unstable patients with any tachycardic dysrhythmia including rapidly conducting atrial fibrillation and rapidly conducting atrial flutter.

Document all ECG strips during adenosine administration and/or synchronized cardioversion.

Effective Date: January 3, 2023
Next Review Date: October 31, 2024
Date Revised: October 13, 2022
Last Reviewed: October 13, 2022

VCEMS Medical Director