



## TACHYCARDIA WITH PULSES

**Effective:** January 1, 2021  
**Replaces:** February 15, 2018  
**Review:** January 1, 2023

### 1. BLS Treatment

- 1.1. Routine Medical Care – Adult **(700-S04)**
  - 1.1.1. **Oxygen** – titrate as appropriate
- 1.2. Treat for signs and symptoms of shock as necessary **(700-A10)**

### 2. ALS Treatment

- 2.1. **Vascular Access (IV)**, TKO, antecubital (AC) location is preferred
- 2.2. Obtain **12 Lead ECG** if patient condition allows

### 3. Sinus Tachycardia

- 3.1. Consider **250ml Fluid bolus** and monitor the patient

### 4. Stable Supraventricular Tachycardia (SVT)

- 4.1. SVT can be identified by a QRS duration less than 0.12 seconds and absent P waves
- 4.2. Consider vagal maneuver
- 4.3. If vagal maneuvers are unsuccessful consider **250ml Fluid bolus** while the provider prepares Adenosine
- 4.4. **Adenosine 6mg Rapid IV** followed by a **20ml saline rapid flush**
- 4.5. If rhythm does not convert in two (2) minutes administer:
  - 4.5.1. **Adenosine 12mg Rapid IV** followed by a **20ml saline rapid flush**
- 4.6. If rhythm does not convert in two (2) minutes administer:
  - 4.6.1. **Adenosine 12mg Rapid IV** followed by a **20ml saline rapid flush**

### 5. Unstable Supraventricular Tachycardia (SVT)

- 5.1. SVT can be identified by a QRS duration less than 0.12 seconds and absent P waves
- 5.2. Consider sedation, if patient condition allows, administer:
  - 5.2.1. **Midazolam 2.5 mg slow IV**, may repeat once in 2 minutes, max total dose of 5mg
- 5.3. **Synchronized Cardioversion 100, 150, 200 joules;**
  - 5.3.1. Starting with lowest energy setting (100j);
  - 5.3.2. Each subsequent counter shock increasing in energy

### 6. Stable Ventricular Tachycardia with Pulse

- 6.1. **Amiodarone Drip 150mg** in 100ml of saline, give over ten (10) minutes, (100 gtts/min delivered by Macro (10 gtts drip set)

### 7. Unstable Ventricular Tachycardia with Pulse

- 7.1. Consider sedation, if patient condition allows, administer:
  - 7.1.1. **Midazolam 2.5 mg slow IV**, may repeat once in 2 minutes, max total of 5 mg
- 7.2. **Synchronized Cardioversion 100, 150, 200 joules;**
  - 7.2.1. Starting with lowest energy setting (100j),
  - 7.2.2. Each subsequent counter shock increasing in energy

### 8. Special Considerations

- 8.1. Immediate cardioversion is seldom needed for heart rate less than 150 beats per minute



8.2. Pre-cardioversion sedation should be used in the awake patient whenever possible, use caution if the patient is hypotensive

### 9. Tachycardia with Pulses Treatment Flowchart

