



PEDIATRIC TACHYCARDIA WITH PULSES

Effective: January 1, 2021
Replaces: April 27, 2017
Review: January 1, 2023

1. BLS Treatment

- 1.1. Routine Medical Care – Pediatric **(700-S05)**
 - 1.1.1. **Oxygen** – titrate as appropriate
- 1.2. Treat for signs and symptoms of shock as necessary **(700-P10)**

2. ALS Treatment

- 2.1. **Vascular Access (IV)**, TKO
- 2.2. **Vascular Access (IO)**, if patient is unconscious
- 2.3. Obtain **12 Lead EKG** if patient condition allows
- 2.4. Utilize length based resuscitation tape to determine medication dosages

3. Sinus Tachycardia

- 3.1. Consider **20ml/kg Fluid bolus**, max of 250ml, and monitor the patient

4. Stable Supraventricular Tachycardia (SVT)

- 4.1. SVT can be identified by QRS duration less than 0.12 seconds and absent P waves
- 4.2. Consider vagal maneuver
- 4.3. If vagal maneuvers are unsuccessful consider **20ml/kg Fluid bolus** while the provider prepares Adenosine
- 4.4. **Adenosine 0.1mg/kg Rapid IV** followed by a **10ml Rapid saline flush** (max dose 6mg)
- 4.5. If rhythm does not convert in two (2) minutes repeat administer:
 - 4.5.1. **Adenosine 0.2mg/kg Rapid IV** followed by a **10ml Rapid saline flush** (max dose 12mg)

5. Unstable Supraventricular Tachycardia (SVT)

- 5.1. SVT can be identified by QRS duration less than 0.12 seconds and absent P waves
- 5.2. Consider sedation if patient condition allows administer:
 - 5.2.1. **Midazolam 0.1mg/kg slow IVP**, max single dose 2.5mg
- 5.3. **Synchronized Cardioversion 0.5– 1 joules/kg, 2 joules/kg**
 - 5.3.1. Starting with lowest energy setting (0.5j)
 - 5.3.2. Each subsequent counter shock increasing in energy

6. Stable Ventricular Tachycardia with Pulse

- 6.1. **Amiodarone 5mg/kg bolus IV one time**
- 6.2. If at any time the patient becomes hemodynamically unstable proceed to cardioversion

7. Unstable Ventricular Tachycardia with Pulse

- 7.1. Consider sedation, if patient condition allows. administer:
 - 7.1.1. **Midazolam 0.1mg/kg slow IV**, max single dose 2.5mg
- 7.2. **Synchronized Cardioversion: 0.5–1joules/kg, 2 joules/kg**
 - 7.2.1. Starting with lowest energy setting (0.5j)
 - 7.2.2. Each subsequent counter shock increasing in energy



8. Pediatric Tachycardia with Pulses Treatment Flow Chart

