NARROW COMPLEX TACHYCARDIA
ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION
- QRS < 0.12 sec. documented rhythm in two leads (if >0.12 sec., go to Wide Complex Policy)
- Includes Atrial Fibrillation, Atrial Flutter, and SVT (SVT is regular HR > 150)

TREATMENT
- ALS RMC
- Proximal vein is preferred IV site
- **Stable SVT Patients** (normal mental status and/or signs of normal or mildly decreased perfusion):
  - Obtain 12-lead ECG
  - Consider valsalva maneuver
  - If no response to valsalva:
    - **Adenosine** 6 mg RAPID IVP followed by 20 ml saline flush
    - If no response after 1 - 2 min:
      - **Adenosine** 12 mg RAPID IVP followed by 20 ml saline flush
      - Elevate the extremity after each rapid bolus

- **Stable Atrial Fibrillation and Atrial Flutter**:
  - Obtain 12-lead ECG

- **Unstable SVT/ Atrial Fibrillation/ Atrial Flutter** (signs of poor perfusion: decreased LOC, BP< 100, CHF, or chest pain):
  - If patient is conscious, consider sedation with **Midazolam** 1 mg SLOW IV/IO (use with caution if patient is hypotensive)
  - Synchronized cardioversion @ 100J, 200J, 300J, 360J (or biphasic equivalent)
  - If any delay in synchronized cardioversion and the patient is critical, defibrillate the patient.

SPECIAL CONSIDERATION
- Consider treating possible contributing factors:
  - Hypovolemia
  - Hypoxemia
  - Hydrogen ion (acidosis)
  - Hypo/Hyperkalemia
  - Hypoglycemia
  - Hypothermia
  - Toxins (overdoses)
  - Tamponade, cardiac
  - Tension pneumothorax
  - Thrombosis (coronary / pulmonary)
  - Trauma

DOCUMENTATION- ESSENTIAL ELEMENTS
- 12-lead ECG findings

RELATED POLICIES/ PROCEDURES
- Wide Complex Tachycardia C 6
- Adult Sedation ATG 3