NARROW COMPLEX TACHYCARDIA

Indications

- QRS <0.12 sec. documented rhythm in 2 leads
- Includes Atrial Fibrillation, Atrial Flutter, and SVT (regular HR >150 bpm)

Unstable?

No

- Signs of poor perfusion:
  - Decreased LOC
  - SBP <100
  - CHF, CP, SOB

Stable Atrial Fibrillation and Atrial Flutter

- Obtain 12-lead EKG

Stable SVT

- Obtain 12-lead EKG
- Consider valsalva maneuver
- If no response to valsalva:
  - Adenosine 6mg RAPID IVP followed by 20ml NS flush
  - If no response after 1-2 min:
    - Adenosine 12mg RAPID IVP followed by 20ml NS flush
    - Elevate the extremity after each bolus

Unstable SVT/A-Fib/A-flutter

- If patient is conscious, consider sedation with Midazolam 1mg IV/IO slowly (use with caution if patient is hypotensive)
- Synchronized cardioversion at 100J, 200J, 300J, 360J
- If any delay in synchronized cardioversion and the patient is critical, defibrillate the patient

Unstable?

Yes

Yes

SPECIAL CONSIDERATION

Reversible Causes

- Hypovolemia
- Hypoxia
- Hydrogen Ion (Acidosis)
- Hypo/Hyperkalemia
- Hypothermia
- Tension Pneumothorax
- Tamponade (cardiac)
- Toxins
- Thrombus
- Trauma

ALS RMC

- Proximal vein is preferred IV site

County of Marin EMS

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