PEDIATRIC TACHYCARDIA
POOR PERFUSION
ALWAYS USE STANDARD PRECAUTIONS

INDICATION
- Rapid heart rate (HR > 220 infant: HR > 180 child) with pulse and poor perfusion

 PHYSICIAN CONSULT
- Amiodarone

CRITICAL INFORMATION
- Measure with color-coded resuscitation tape and treat according to the Pediatric Dosing Guide (P18A). Apply corresponding wrist band.
- Neonate = birth to four weeks; infant = four weeks to 1 year; child = 1-14 years; adolescent = >14 years

TREATMENT
- ALS RMC
- 12-lead EKG
- If normal QRS ≤ 0.09 seconds; Probable Sinus Tachycardia or Supraventricular Tachycardia:
  - Consider vagal maneuvers, but do not delay other treatments
  - If vascular access readily available, Adenosine 0.1mg/kg IV/ IO; max first dose 6 mg. MR X 1; (double the dose), maximum dose 12 mg. Follow each dose with rapid 10 ml flush.
  - Premedicate with Midazolam 0.05 mg/kg IV/IO (maximum 1 mg per dose; Maximum total dose = 5 mg).
  - Do not delay cardioversion if patient unstable.
  - Cardiovert: 0.5-1J/kg; if not effective, increase to 2 J/kg
- Wide QRS ≥ 0.09 seconds; Probable Ventricular Tachycardia:
  - Cardiovert (see above)
  - Amiodarone if no response to cardioversion: 5 mg/kg IV over 20-60 minutes

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