

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:

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| <ul style="list-style-type: none"> ▪ Hypovolemia ▪ Hypoxemia ▪ Hydrogen ion (acidosis) ▪ Hypo/Hyperkalemia ▪ Hypoglycemia ▪ Hypothermia | <ul style="list-style-type: none"> ▪ Toxins (overdoses) ▪ Tamponade, cardiac ▪ Tension pneumothorax ▪ Thrombosis (coronary / pulmonary) ▪ Pain ▪ Trauma |
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