PEDIATRIC TACHYCARDIA

Indications

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

If normal QRS ≤ 0.09 sec

- Consider vagal maneuvers, but do not delay other treatments
- If vascular access readily available, Adenosine 0.1mg/kg IV/IO
  - Max first dose: 6mg
  - MR x1 double the dose (0.2mg/kg)
  - Max second dose: 12mg
  - Follow each with rapid 10ml NS flush
- Pre-medicate with Midazolam 0.05mg/kg IV/IO slowly
  - Max dose: 1mg
- Do not delay cardioversion if patient unstable
- Cardiovert: 0.5-1J/kg
  - If not effective, increase to 2J/kg
- Ph\* PHYSICIAN CONSULT for Amiodarone if no response to cardioversion
  - 5mg/kg IV over 20-60 minutes

If wide QRS ≥ 0.09 sec

- Pre-medicate with Midazolam 0.05mg/kg IV/IO slowly
  - Max dose: 1mg
- Do not delay cardioversion if patient unstable
- Cardiovert: 0.5-1J/kg
  - If not effective, increase to 2J/kg
- Physician Consult for Amiodarone if no response to cardioversion
  - 5mg/kg IV over 20-60 minutes

SPECIAL CONSIDERATION

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