

# TACHYCARDIA (ADULT)

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COMMENT JULY  
2026

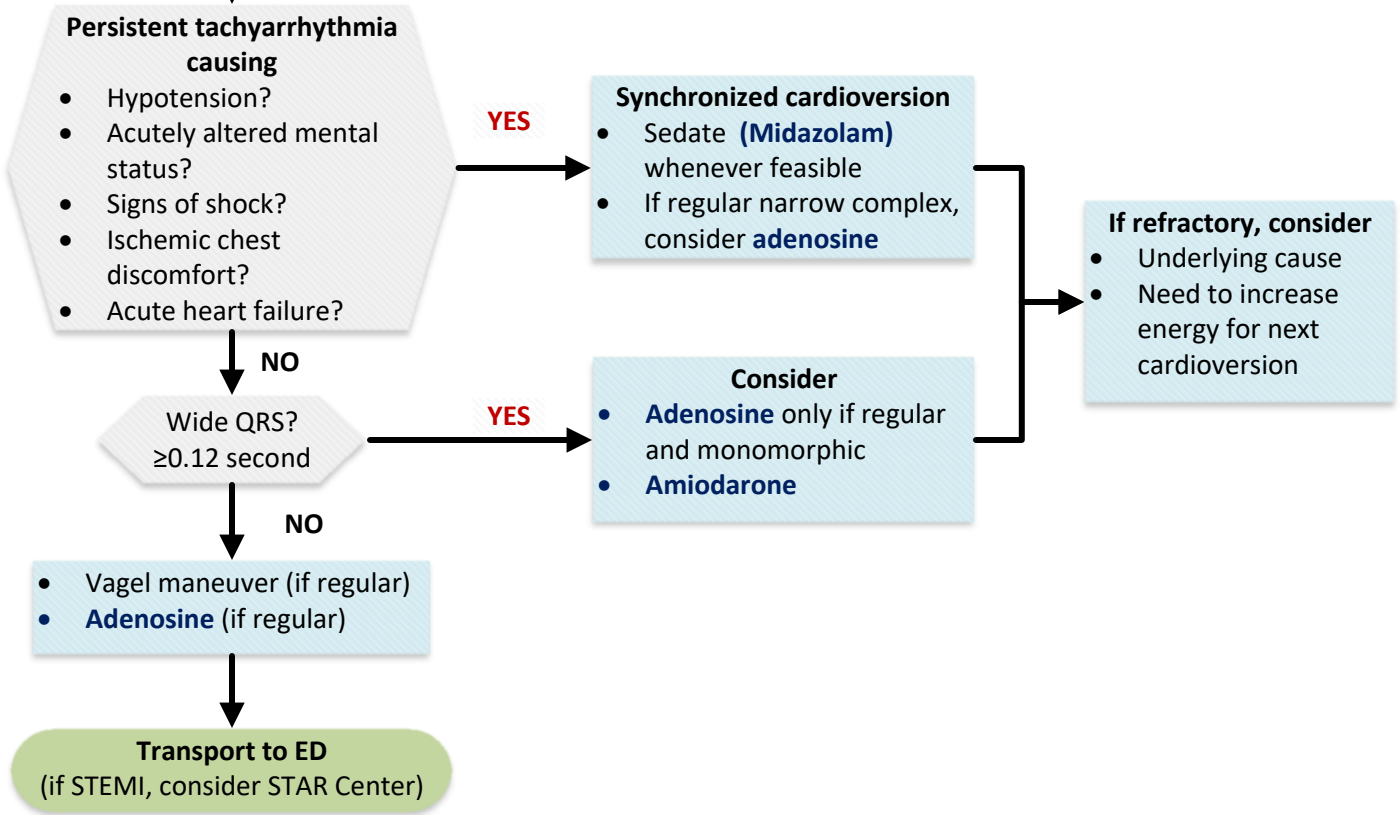


- Assess ABC's, vital signs, oxygen PRN (goal >94%)
- If pulseless → see Medical **Cardiac Arrest**
- If pediatric (prior to onset of puberty or age <14) → see next page

Assess appropriateness of heart rate for clinical condition. Heart rate typically ≥150/min if tachyarrhythmia

- Initial assessment and support**
- Maintain patent airway; assist breathing as necessary
  - Oxygen (if hypoxemic)
  - Monitor blood pressure and oximetry
  - Apply monitor and identify rhythm
  - IV access
  - 12-lead ECG, if available

- Medication/Procedure Links:**
- **Adenosine IV/IO:** Begin with 12 mg rapid push followed by IV flush. May repeat once
  - **Synchronized cardioversion**
    - SVT: 100-200J
    - Adult A-fib/A-flutter: 200J
    - Polymorphic VT (Torsades dePointes): unsynchronized: defibrillation



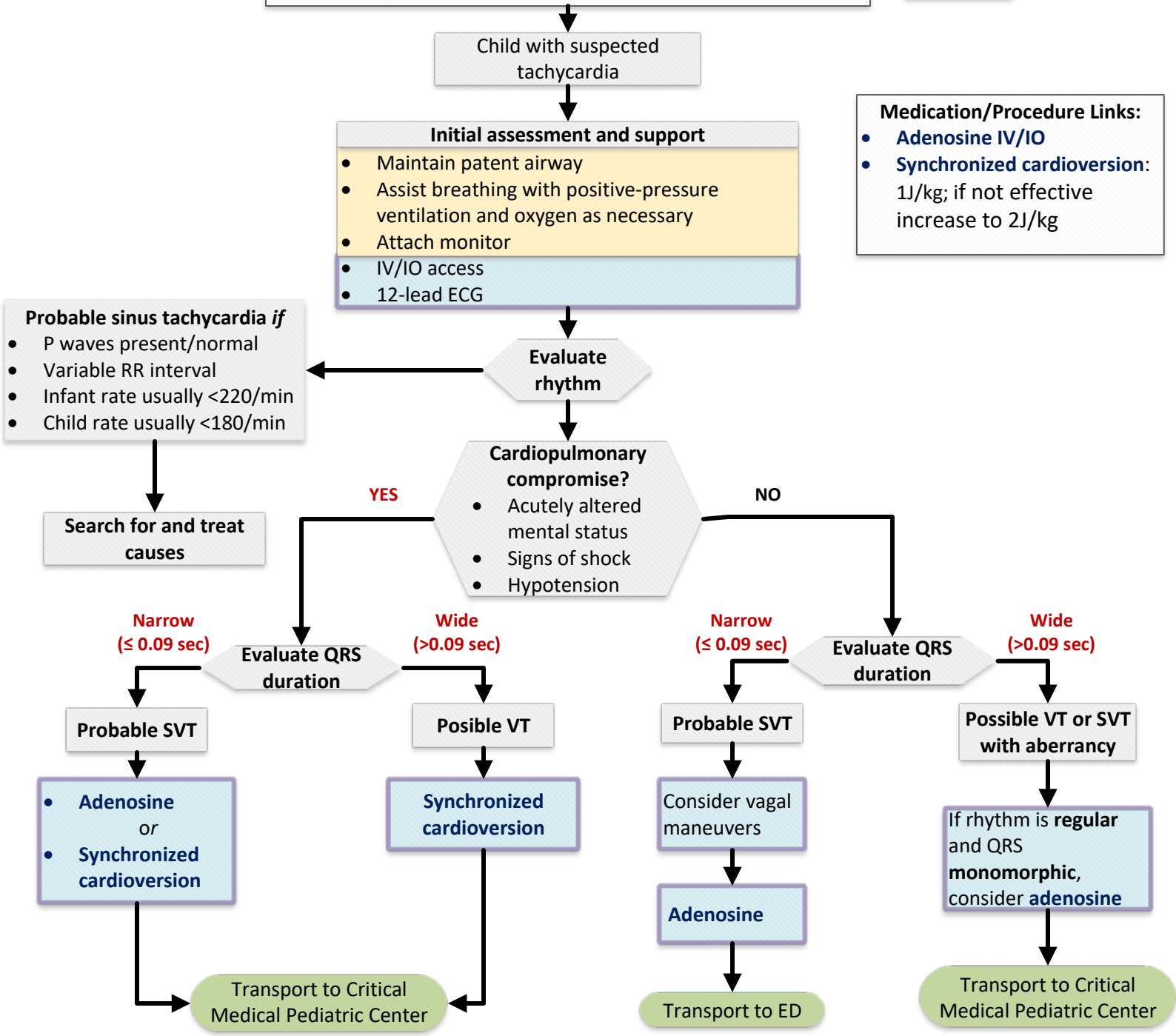
# TACHYCARDIA (PEDIATRIC)

- Assess ABC's, vital signs, oxygen PRN (goal >94%)
- If pulseless → see **Pediatric Cardiac Arrest**
- If adult (after onset of puberty or age ≥14) → see prior page

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- Medication/Procedure Links:**
- **Adenosine IV/IO**
  - **Synchronized cardioversion:** 1J/kg; if not effective increase to 2J/kg



**Comments**

- Probable SVT: P waves absent/abnormal, RR interval not variable, Infant HR >220/min, child rate >180, history of abrupt rate change
- Vagal Maneuvers to consider:
  - Ice cold water to face (place cold washcloth over forehead and face without obstructing airway)
  - Valsalva maneuvers
- Common causes of sinus tachycardia: exercise, dehydration, fever, infection, pain, medications, anxiety
- Strongly consider use of **Midazolam** for any patient that are awake and alert prior to cardioversion