Tachycardia

Stable Tachycardia

- Palpable pulse
- The following is absent:
  - ✓ Altered mental status
  - ✓ Chest pain
  - ✓ Hypotension
  - ✓ Shock

Narrow QRS, Regular

- Treat possible contributing factors (H&Ts)
- Vagal maneuvers:
  - ✓ Valsalva
  - ✓ Carotid sinus massage
- Adenosine 6 mg followed by 12 mg bolus
- Rate control if rhythm does not convert

Narrow QRS, Irregular

- Atrial fibrillation or flutter
- MAT
- Rate control (i.e. CCB, B-blockers)

Wide QRS, Regular

- VT or uncertain rhythm: amiodarone 150 mg over 10 min
- Prepare for elective synchronized cardioversion
- SVT with abberancy: adenosine

Features Suggestive of VT

- Extreme L axis deviation
- QRS > 140 (RBBB) or > 160 (LBBB)
- RS absent in all precordial leads
- A-V dissociation
- RBBB pattern: V1 with RSr or monophasic R
- LBBB pattern: V1-2 with QS; V6 with monophasic R

Wide QRS, Irregular

- Atrial fibrillation with aberrancy: treat as A. fib
- Pre-excited A fib: avoid AV nodal blocking agents (adenosine, digoxin, diltiazem, verapamil) and consider amiodarone 150 mg IV over 10 min
- Torsades: magnesium

Unstable Tachycardia

- Uncommon if HR < 150
- Consider brief trial of medications
- Premedicate whenever possible (sedative + analgesic)
- Synchronized cardioversion

Recommended Energy Levels

- Atrial fibrillation: 100 – 200 J, 300 J, 360 J
- Stable monomorphic VT: 100 J, 200 J, 300 J, 360 J
- Other SVT, atrial flutter: 50 J, 100 J, 200 J, 300 J, 360 J
- Polymorphic VT and unstable: treat as VF

Pulseless VT / VF

- Defibrillation
- Biphasic - device specific (200 J – 300 J – 360 J)
- Monophasic – 360 J