

AC04 Adult Tachycardia – Narrow Complex

Objectives:

- Early appropriate recognition and management of narrow complex tachycardic rhythms
- Recognition of poor perfusion attributed to a narrow complex tachycardic rhythm

General Information:

- Signs and Symptoms of a hemodynamically unstable patient include:
 - a) Altered mental status
 - b) Ongoing chest discomfort
 - c) Shortness of breath
 - d) Hypotension
 - e) Shock
- Follow manufacturer guidelines for biphasic settings for synchronized cardioversion
- Heart rate of 150/minute is one factor to distinguish SVT from sinus tach. Younger adult patients may experience sinus tach at rates greater than 150/minute and older patients may have SVT at rates lower than 150/minute. Other considerations should include presence/absence of P waves, beat to beat variability and patient history; if unsure of treatment contact medical control
- If the patient has cocaine-induced SVT, physician may order Valium 5 mg IV/IO



Warnings/Alerts:

- Avoid low energy unsynchronized shocks. Low energy shocks are likely to induce ventricular fibrillation
- If unable to obtain synchronization, deliver unsynchronized shock at defibrillation energy (manufacturer recommendations)
- Do not delay cardioversion for administration of sedation to the unstable patient
- It is the responsibility of the provider delivering the shock to ensure that no one is touching the patient prior to shock delivery
- The following conditions need to be addressed prior to cardioversion:
 - a) Patients in standing water
 - b) Patients with transdermal medications
- Adenosine is contra-indicated in patients with a history of WPW

OMD Notes:

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References:

- AHA 2005 ACLS pgs 87-96

Performance Indicators:

Vital Signs before Intervention	Vital Signs after Intervention	Stable or Unstable Patient
Response to Therapy	Initial Rhythm	LOC
Onset of Symptoms		

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