## 8.04 Pediatric Dysrhythmia: Tachycardia

### BLS Treatment
- Position of comfort.
- NPO
- Assess circulation, airway, breathing, and responsiveness.
- **Oxygen** as indicated.
- Provide **Spinal Motion Restriction** as indicated or position of comfort as indicated.
- Appropriately splint suspected fractures/instability as indicated.
- Bandage wounds/control bleeding as indicated.

### ALS Treatment – All Tachycardias

Current American Heart Association Guidelines concerning Emergency Cardiac Care assessments and interventions shall always take precedence over local protocols when there is a conflict concerning techniques of resuscitation.

- Advanced airway if indicated.
- IV with **Normal Saline** TKO, preferably at antecubital fossa.
- If unstable, IO after 1 min of IV attempts.

### ALS Treatment – Specific Tachycardias

#### Sinus Tachycardia (Narrow QRS)
- Search for and treat underlying cause.
- IV or IO with **Normal Saline** fluid bolus.

#### Supraventricular Tachycardia with Pulse and Adequate Perfusion (Narrow QRS)
- Consider vagal maneuvers.
- **Adenosine**

#### Supraventricular Tachycardia with Pulse and Poor Perfusion (Narrow QRS)
- IV/IO **Normal Saline** fluid bolus.
- **Adenosine**
- If IV/IO unavailable, synchronized cardioversion.
- Pre-sedate with **Midazolam** if possible; DO NOT delay cardioversion.

#### Ventricular Tachycardia with Pulse and Adequate Perfusion (Wide QRS)
- Consider vagal maneuvers.
- **Amiodarone**

#### Ventricular Tachycardia with Pulse and Poor Perfusion (Wide QRS)
- IV or IO with **Normal Saline**.
- Synchronized Cardioversion
- If responsive to pain, sedate before cardioversion with **Midazolam**.
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## Comments

### QRS Interpretation

<table>
<thead>
<tr>
<th>Sinus Tachycardia</th>
<th>SVT</th>
<th>Ventricular Tachycardia</th>
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<tbody>
<tr>
<td>• Onset often gradual.</td>
<td>• Onset sudden.</td>
<td>• Onset sudden.</td>
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<tr>
<td>• Known cause (fluid loss, trauma)</td>
<td>• Vague, nonspecific history</td>
<td>• QRS duration &gt; 0.09 sec.</td>
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<tr>
<td>• P-waves present/normal</td>
<td>• P waves absent, HR not variable. QRS &lt; 0.09 sec.</td>
<td>• Rate: &gt; 120 bpm.</td>
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<tr>
<td>• Variable R-R, consistent PR</td>
<td>• Rate: infant &gt; 220 bpm.</td>
<td></td>
</tr>
<tr>
<td>• Rate: infant &lt; 220 bpm.</td>
<td>• Rate: child &gt; 180 bpm.</td>
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<tr>
<td>• Rate: child &lt; 180 bpm.</td>
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</tbody>
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### Vagal Maneuvers

- Infant and preschool children: Ice cold water to face (place cold washcloth over forehead and face without obstructing airway).
- Older children: Valsalva maneuvers.