



**Pediatric Specific
TACHYCARDIA WITH PULSES – PEDIATRIC
Practice Guideline**

Patient Care Goals:

1. Maintain adequate oxygenation, ventilation, and perfusion
2. Restore regular sinus rhythm, correct rhythm disturbance if unstable
3. Search for underlying cause - medications, drugs, CHF, history of dysrhythmia

Patient Presentation:

May present with symptoms such as palpitations, dyspnea, chest pain, syncope/near syncope, hemodynamic instability, altered mental status

Inclusion Criteria

Heart rate >220/min (infant) or >180/min (child)

Exclusion criteria

Sinus tachycardia

Patient Management:

Adenosine:

0.1 mg/kg IV followed immediately by rapid 10ml flush of NSS
Max first dose of 6 mg

May repeat one additional dose after 5 mins:
0.2 mg/kg IV
Max second dose of 12 mg

Synchronized Cardioversion:

AP Pad Placement

1 J/kg initially; 2 J/kg for subsequent doses

Sedation or Analgesia PRN stability:

Midazolam 0.1 mg/kg max of 2 mg
--OR--
Fentanyl 0.5 to 1 mcg/kg max of 100 mcg

Amiodarone (*OLMC consultation)

5 mg/kg IV infusion over 30 minutes
Max dose of 150 mg

Quality Improvement:

Key Documentation Elements

1. Heart rate and rhythm changes
2. Interventions
3. Mental status or signs of instability

Patient Safety Considerations

If cardioversion is performed, consider sedation or analgesia
Routine use of lights and sirens is not recommended during transport unless hemodynamically unstable

Paramedic Working Assessment: Tachycardia with Pulses – Pediatric (Medical)

Universal Care

Assess appropriateness for clinical condition if
>220/min (infant)
>180/min (child)

IV/IO access and 12-lead ECG

Persistent tachyarrhythmia causing
Hypotension?
Acutely altered mental status?
Signs of shock?
Acute heart failure?

Synchronized cardioversion;
Consider sedation or analgesia
but do not delay cardioversion

If no improvement

OLMC

No to all

Wide QRS
>0.09 second?

If SVT with QRS aberrancy:
Adenosine if regular and monomorphic

If VTACH most likely
or pt does not improve

If SVT likely:
Vagal maneuvers (not carotid)
Adenosine if regular and monomorphic

If sinus tachycardia likely:
Monitor and Observe

PRN

OLMC if patient does not improve
with above therapy
Consider amiodarone* with OLMC