



**Cardiovascular
TACHYCARDIA WITH PULSES - ADULT
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

Sustained heart rate >150 in adults

Exclusion criteria

Sinus tachycardia

Patient Management:

Adenosine: 12mg IV followed immediately by rapid 10ml flush of NSS. May repeat one additional dose if no improvement within 5 minutes.

Amiodarone: 150 mg IV over 10 minutes

Diltiazem: 0.25 mg/kg IV/IO, SLOW over 2 mins
Max single dose 25 mg

Synchronized Cardioversion:
100J initially; 150J 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

Patient Safety Considerations:

If cardioversion is performed, consider sedation or analgesia

Pad placement for cardioversion may be anterior/lateral or anterior/posterior

Routine use of lights and sirens is not recommended during transport unless hemodynamically unstable.

Quality Improvement:

Key Documentation Elements

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

***Not from hypovolemia, hemorrhage or sepsis- in those cases, refer to shock guideline**

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

Universal Care

Assess appropriateness for clinical condition
Heart rate typically >150/min if tachyarrhythmia

IV/IO access and 12-lead ECG

Persistent tachyarrhythmia causing
Hypotension*?
Acutely altered mental status?
Signs of shock*?
Ischemic chest discomfort?
Acute heart failure?

Synchronized cardioversion
Consider sedation/analgesia

Wide QRS
>0.12 second?

Adenosine if regular and monomorphic
Amiodarone if irregular or polymorphic
(or Adenosine x2 is ineffective)

Irregularly irregular?

Send 12 lead ECG for Review
OLMC

Vagal maneuvers (not carotid)
Adenosine if regular and monomorphic

Diltiazem

OLMC if patient does not improve to above therapy