

ADULT SUPRAVENTRICULAR TACHYCARDIA

UNIVERSAL ALGORITHM

- Identify and treat reversible causes
- Establish vascular access with IV NS in large proximal vein
- QRS < 0.12 seconds typical for SVT

STABLE

UNSTABLE

Attempt vagal maneuvers

Consider administration of **Adenosine**

If rhythm and symptoms remain unchanged:

- **Adenosine** 6 mg rapid IVP, followed immediately by a 20 cc NS bolus

If no conversion:

- **Adenosine** 12 mg rapid IVP, followed immediately by a 20 cc NS bolus, may repeat once

**SYNCHRONIZED / UNSYNCHRONIZED
CARDIOVERSION SEQUENCES:**

Consider pre-medication if possible:

- **Diazepam** 2.5-10 mg IVP

MONOPHASIC

100 J
200 J
300 J
360 J
or equivalent

BIPHASIC

50 J
70/75 J
120 J
150 J
200 J
or equivalent

CONSIDERATIONS

- Vascular access may be omitted prior to cardioversion if in extremis
- If synchronized mode is unable to capture, then use unsynchronized defibrillation.
- Obtain 12-lead EKG, if available, before and after cardioversion