

PEDIATRIC SUPRAVENTRICULAR TACHYCARDIA

UNIVERSAL ALGORITHM

- Identify and treat reversible causes
- Establish vascular access with IV NS in large proximal vein
- QRS < 0.08 seconds
- Utilize current Broselow tape
- Use adult protocols for patients > 34 kg

STABLE

UNSTABLE

Attempt vagal maneuvers

Consider administration of **Adenosine**

If rhythm and symptoms remain unchanged:

- **Adenosine** 0.1 mg/kg rapid IVP, followed immediately by a 20 cc NS bolus, not to exceed 6 mg
- **Adenosine** 0.2 mg/kg rapid IVP, followed immediately by a 20 cc NS bolus, not to exceed 12 mg
- **Do not repeat**

**SYNCHRONIZED / UNSYNCHRONIZED
CARDIOVERSION SEQUENCES:**

Consider pre-medication if possible:
▪ **Diazepam** 0.3 mg/kg slow IVP, not to exceed 10 mg

MONOPHASIC

1 J/kg
2 J/kg
2 J/kg

BIPHASIC

1 J/kg
2 J/kg
2 J/kg

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.
- Notify base station for wide complex tachycardia (> 0.08 seconds).