

Narrow Complex Tachycardia

A guideline for the care of patients with narrow complex tachycardia of cardiac origin with a ventricular rate greater than 150/minute QRS less than 0.12 seconds.

SYNCHRONIZED CARIOVERSION PRECEDES DRUG THERAPY FOR UNSTABLE PATIENTS. Unstable patients may be defined as those suffering a narrow complex tachycardia with: significant chest pain, shortness of breath, decreased level of consciousness, hypotension, shock, or pulmonary edema. Adenosine is only used for regular rhythm tachycardia.

Pre-Medical Control

1. Follow the **General Pre-Hospital Care Protocol**.
2. Identify and treat reversible causes.
3. Determine if patient is stable or unstable.

UNSTABLE

4. For patients that are unstable, cardiovert beginning at 100 J, increasing to 200 J, 300 J, 360 J. (Use clinical equivalent biphasic energy dose.)
5. If time and condition allow prior to cardioversion, sedate per MCA selection.

Sedation :

(Select Options)

(Titrate to minimum amount necessary)

- Midazolam 1-5 mg IV/ IO (0.05 mg/kg) titrated slowly
may repeat every 5 minutes until maximum of 0.1 mg/kg
- Diazepam 5-10 mg IV/ IO (0.1 mg/kg) titrated slowly
may repeat every 5 minutes until maximum 0.3 mg/kg
- Lorazepam 1-2 mg IV/ IO (0.1 mg/kg, max 4 mg/dose) titrated may
repeat every 5 minutes until maximum of 8 mg
- Fentanyl 1 mcg/kg IV/IO

STABLE

6. **DO NOT USE CAROTID MASSAGE.** Have the patient attempt to bear down (a valsalva maneuver).
7. Start an IV NS KVO. A large bore antecubital IV should be secured whenever possible.
8. If the rhythm is regular, administer Adenosine 6 mg rapid IV push through the most proximal injection site. This should be followed immediately with 20 ml NS flush.
9. If conversion does not occur, administer Adenosine 12 mg IV using the same technique as stated above. May repeat 12 mg dose once.
10. Contact Medical Control for possible orders.

A guideline for the care of patients with narrow complex tachycardia of cardiac origin with a ventricular rate greater than 150/minute QRS < 0.12 seconds. **SYNCHRONIZED PRECEDES DRUG THERAPY FOR UNSTABLE PATIENTS.** Unstable patients may be defined as those suffering a narrow complex tachycardia with: significant chest pain, shortness of breath, decreased level of consciousness, hypotension, shock, or pulmonary edema. Adenosine is only used for regular rhythm tachycardia.

Follow **General Pre-hospital Care Protocol**
 Identify and treat reversible causes

