Tachycardia

¹Signs of poor perfusion include but are not limited to hypotension, altered LOC, weak pulses, delayed capillary refill, and hypoxemia

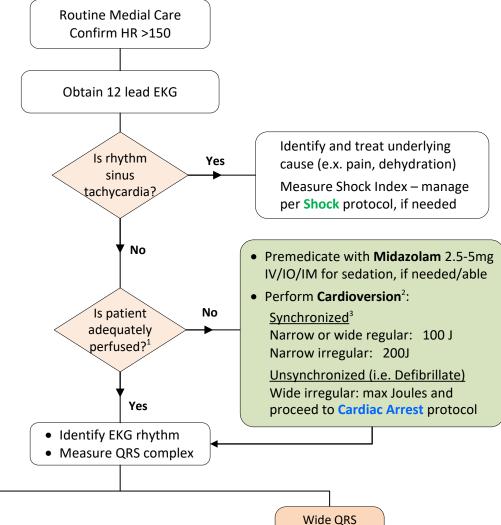
²Higher energies are recommended in patients that are overweight/obese (BMI ≥ 25 kg/m2) and associated with improved first shock success.

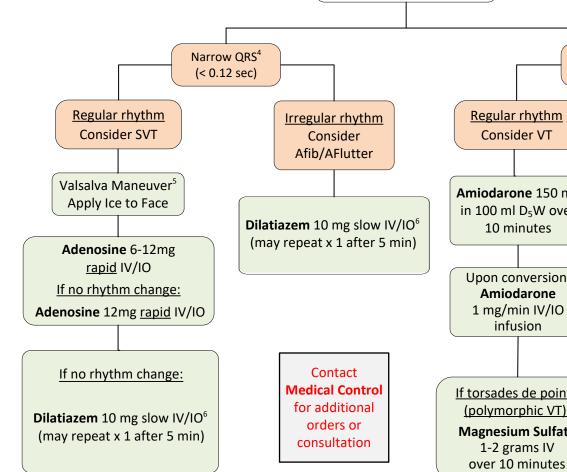
³Sync mode is indicated by a marker on the defibrillator screen noting each QRS complex.

⁴If unable to determine whether narrow rhythm is regular or irregular, give Adenosine 6m IV/IO as a diagnostic tool to slow the rate. <u>IO Adenosine should only be given in proximal humerus.</u>

⁵Success rates with Valsalva maneuver in terminating SVT range from 19% to 54%. Maneuvers should be performed while preparing adenosine and should not delay adenosine use.

⁶Monitor for hypotension & bradycardia after Diltiazem use.





 $(\geq 0.12 \text{ sec})$ Regular rhythm Irregular rhythm Consider Afib with Consider VT aberrancy, MAT, polymorphic VT Amiodarone 150 mg in 100 ml D₅W over Amiodarone 150 mg 10 minutes in 100 ml D₅W over 10 minutes Upon conversion, Upon conversion, **Amiodarone Amiodarone** 1 mg/min IV/IO 1 mg/min IV/IO infusion infusion If torsades de pointe If torsades de pointe (polymorphic VT): (polymorphic VT): **Magnesium Sulfate Magnesium Sulfate** 1-2 grams IV 1-2 grams IV



over 10 minutes