



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES

#: BH-P-055
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Org. Date: 04/01/2017
Revise Date: 10/01/2019

SUPERVENTRICULAR TACHYCARDIA – PEDIATRIC

BASE GUIDELINES

1. During resuscitation attempts, interruption of chest compressions should always be held to a minimum when the patient is in a pulseless state.
2. AED electrode pads are most effective for children when placed in the anterolateral position.
3. Agonal gasps are not adequate breathing and when accompanied with a pulseless state the patient should be considered to be in full cardiopulmonary arrest.
4. Consider and treat reversible causes:

Hypovolemia*	Hypoglycemia	Hypoxia
Acidosis	Tension pneumothorax	Toxins

 - * For suspected hypovolemia, give:
 - ▶ **Normal Saline 20 mL/kg fluid bolus**
 - Maximum single dose 250 mL
 - May repeat 2 times to maintain perfusion
5. Do not give adenosine when the rhythm is wide complex QRS and irregular, this can result in worsening of cardiac status.

Unstable Narrow Complex Tachycardia – Rate 220/min and above

Signs of poor perfusion, hypotension:

- ▶ **Adenosine rapid IV** over 1-3 seconds
 - **1st Dose Adenosine 0.1 mg/kg** (maximum 6 mg)
 - **2nd Dose Adenosine 0.2 mg/kg** (maximum 12 mg)
 - May repeat once

Systolic BP < 80, altered LOC, or signs of poor perfusion:

- ▶ **Cardioversion 1 J/kg** (do not delay for IV access if deteriorating)

Consider Sedation for Cardioversion if SBP is greater than 80 mmHg:

- ▶ **Midazolam (Versed™) 0.1 mg/kg IN/IM**
 - Maximum single dose 5 mg (1 mL)

ALS STANDING ORDER

No ALS Standing Orders exist for this condition. Therefore, base hospital/CCERC (pediatric base preferred) contact is required OCEMS Policy #310.00.

Approved: