

**SAGINAW VALLEY  
MEDICAL CONTROL AUTHORITY  
PRACTICE PARAMETER**

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**NARROW COMPLEX TACHYCARDIA(NCT)**

**FIRST RESPONDER**

**I. General Management**

- A. Establish and maintain airway, provide oxygenation and support ventilation as needed.
- B. Obtain vital signs(blood pressure, pulse and respiratory rate)

**BASIC LIFE SUPPORT**

- C. Arrange for ALS intercept
- D. Consider **COMBITUBE**, if not breathing.
- E. Initiate transport toward ALS intercept, if transporting unit.

**ADVANCED LIFE SUPPORT**

- F. Monitor **EKG**<sup>1</sup>;Obtain 12-Lead
- G. **IV NORMAL SALINE @ TKO**<sup>2</sup>

<b>NOTIFY RECEIVING FACILITY</b>
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- H. **UNSTABLE NCT**<sup>3</sup>**(unconscious):**
  - 1. Synchronous cardioversion for adult patients<sup>4</sup>
    - a. At 100 joules; check pulse and rhythm
    - b. Repeat at 200 joules; check pulse and rhythm
    - c. Repeat at 300 joules; check pulse and rhythm
    - d. Repeat at 360 joules; check pulse and rhythm
- I. **UNSTABLE NCT (Conscious):**<sup>5</sup>
  - 1. Consider sedation, (**VALIUM 5-10 MG** or **VERSED 2.5-5MG IVP** over 1-3 min.
  - 2. Synchronous cardioversion for adult patient:
    - a. At 100 joules; check pulse and rhythm
    - b. Repeat at 200 joules; check pulse and rhythm
    - c. Repeat at 300 joules; check pulse and rhythm
    - Repeat at 360 joules; check pulse and rhythm
- J. **STABLE NCT:** Treat with observation and transport.
  - 1. **VAGAL MANEUVER** procedure<sup>6</sup>

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2. **ADENOSINE 6MG<sup>7</sup>** IVP over 1-3 seconds followed immediately with 20ml NS flush.
3. Reassess. If no response after 2 minutes, administer **ADENOSINE 12MG** IVP over 1-3 seconds followed immediately with 20ml NS flush.

**CONTACT MEDICAL CONTROL**

- K. Possible orders post-radio contact(**UNSTABLE-Conscious**):
1. Consider sedation, (**VALIUM 5-10 MG** or **VERSED 2.5-5MG IVP** over 1-3 min.
  2. Synchronous cardioversion for adult patient:
    - a. At 100 joules; check pulse and rhythm
    - d. Repeat at 200 joules; check pulse and rhythm
    - e. Repeat at 300 joules; check pulse and rhythm
    - f. Repeat at 360 joules; check pulse and rhythm
    - g. Possible further cardioversion, sedation and adenosine.
- L. Possible orders post-radio contact(**STABLE**)
1. Consider **ADENOSINE 6MG** rapid IVP over 1-3 seconds followed immediately with 20ml NS flush.
  2. Reassess. If no response after 2 minutes, administer **ADENOSINE 12MG** IVP over 1-3 seconds followed immediately with 20ml NS flush.

<sup>1</sup> All wide complex rhythms (QRS >0.12 seconds) are to be treated as ventricular tachycardia unless associated P waves are clearly visible.

<sup>2</sup> A large bore (16 or 18gauge) antecubital IV should be secured whenever possible.

<sup>3</sup> Unstable patient is defined as decreased level of consciousness with a supraventricular rhythm, significant chest pain or dyspnea, hypotension(systolic blood pressure <90 mm Hg in an adult) and acute pulmonary edema w/significant respiratory distress.

<sup>4</sup> Biphasic equipment energy levels may be different, but the cycle is the same. Follow manufacturer's guidelines.

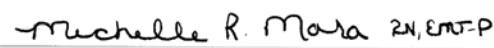
<sup>5</sup> If atrial fibrillation or flutter suspected, contact Med-Control prior to adenosine.

<sup>6</sup> Procedure described includes having patient take a deep breath and strains to release air against a closed glottis(Bearing down). No other vagal maneuvers should be attempted.

<sup>7</sup> Fluids should be administered at wide-open rate during the administration. Adenosine precautions= Transient side effects include flushing, chest pain or tightness, brief periods of asystole, of bradycardia, and/or ventricular ectopy. Adenosine may be less effective with patient's taking theophylline, therefore possibly needing higher dosing of adenosine to terminate SVT. Avoid giving adenosine in patient's taking persantine because dose may potentiate adenosine effects.

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