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**SAGINAW VALLEY
MEDICAL CONTROL AUTHORITY
PRACTICE PARAMETER**

PEDIATRIC TACHYCARDIA

- I. Assessment Information**
 - A. Sinus Tachycardia
 - 1. Infant
 - a. Heart rate is <220 beats per minute
 - 2. Child
 - a. Heart rate is <180 beats per minute.
 - 3. Normal QRS duration for age (less than or equal to 0.08 seconds)
 - 4. Normal P waves are present, the R-R interval is constant and the P-R interval is constant.
 - B. Supraventricular Tachycardia
 - 1. Infant
 - a. Heart rate is >220 beats per minute
 - 2. Child
 - a. Heart rate is >180 beats per minute
 - 3. Normal QRS
 - 4. P waves abnormal or absent
 - C. Presumptive Ventricular Tachycardia
 - 1. QRS duration is wide for age (greater than 0.08 seconds)

FIRST RESPONDER

- I. General Management**
 - A. Establish and maintain airway, provide oxygenation and support ventilation as needed.
 - B. Assess circulation and perfusion by measuring heart rate and observing skin color and temperature, capillary refill time, and the quality of central and peripheral pulses. Blood pressure should be measured in children older than three.

BASIC LIFE SUPPORT

- C. Arrange for ALS intercept
- D. Initiate transport toward ALS intercept, if transporting unit.

ADVANCED LIFE SUPPORT

- E. Monitor **EKG**

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F. IV/IO NORMAL SALINE @ TKO

NOTIFY RECEIVING FACILITY

G. Supraventricular Tachycardia

1. STABLE

- a. Administer **ADENOSINE 0.1 MG/KG (maximum first dose 6mg)** via rapid bolus at the port closest to IV/IO hub.
- b. If not effective, administer **ADENOSINE 0.2MG/KG (maximum second dose 12 mg)** via rapid bolus at the port closest to IV/IO hub.
- c. May repeat once **ADENOSINE 0.2MG/KG (maximum dose 12 mg)** via rapid bolus at the port closest to IV/IO hub.

UNSTABLE

- a. Consider sedation, (**VALIUM** or **VERSED 0.1 MG/KG IVP over 1-3 min**).
- b. Perform **SYNCHRONIZED CARDIOVERSION** at **0.5 to 1 J/KG**
 1. If patient remains in SVT, repeat **CARDIOVERSION** at **2 J/KG**.

H. Ventricular Tachycardia with a pulse

1. STABLE

- a. Administer **LIDOCAINE 1MG/KG slowly IVP**, may be repeated twice as necessary.

2. UNSTABLE

- a. Consider sedation, (**VALIUM** or **VERSED 0.1 MG/KG IVP over 1-3 min**).
- b. Perform **SYNCHRONIZED CARDIOVERSION** at **0.5 to 1 J/KG**
 1. If patient remains in VT, repeat **CARDIOVERSION** at **2 J/KG**
- c. If rhythm is converted successfully, start **LIDOCAINE infusion at 20-50 MCG/KG/MIN**.

CONTACT MEDICAL CONTROL

I. Possible orders post radio contact

- A. Additional **LIDOCAINE** orders.

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- B. Administer AMIODARONE 5 MG/KG IVP
(MAXIMUM 150MG IV/IO OVER 20-60 MIN.)**

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