SECTION: C-06

## PROTOCOL TITLE: Adult Narrow Complex Tachycardia

## **REVISED:** July 01, 2024

**GENERAL COMMENTS:** This protocol includes Supraventricular Tachycardia (SVT), Atrial Tachycardia, Atrial Fibrillation with a rapid ventricular response, and Atrial Flutter with a rapid ventricular response. When possible, a 12 lead may be helpful in determining origin of the rhythm.

BLS SPECIFIC CARE: See Adult General Cardiac Care/ACS Protocol C-3

AEMT/O.M. Specific Care: See Adult General Cardiac Care/ACS Protocol C-3

ALS SPECIFIC CARE: See Adult General Cardiac Care/ACS Protocol C-3

Cardioversion for hemodynamically UNSTABLE patients

- Settings for synchronized cardioversion (See *Appendix 11: Electrical Therapy*):
  - o Zoll: 200 J
  - Other devices: Manufacturers recommended settings.
- Ensure "SYNC" button is pressed between each desired synchronized shock
  - If synchronization is not obtained, proceed with unsynchronized cardioversion at the same settings
- Sedation/Analgesia prior to cardioversion is highly desirable, but not mandatory. If vascular access cannot be obtained for prompt sedation, then cardioversion may be performed without sedation. See *Protocol M-15: Sedation for Painful Procedures* for medications and doses
  - Use Midazolam (Versed) for sedation in cardioversion.
  - **DO NOT** administer sedation if:
    - Systolic BP < 90 mmHg
    - o Low respiratory rate, SpO2 and/or diminished mental status

Interventions for hemodynamically STABLE patients presenting with symptomatic narrow complex tachycardias, vagal maneuvers and/or antidysrhythmic therapy are indicated

Vagal Maneuvers:

- Valsalva Maneuver/Modified Valsalva Maneuver.
- Carotid Sinus Massage (CSM) or Carotid Sinus Pressure (CSP)

Antiarrhythmics:.

- Adenosine (Adenocard) Use Lidocaine or Amiodarone instead if KNOWN VT. DO NOT administer to irregular tachycardia's
  - IV: 6 mg RAPID IVP
  - Repeat at 12 mg in 3-5 minutes two times PRN (total 30 mg)
  - Follow each dose with a flush of at least 20-60 ml

Protoco



- Diltiazem (Cardizem):
  - IV: 10 mg slow over 2 minutes. Repeat every 10-15 minutes PRN rate control. MAX 40 mg.
  - $\circ$  Hold for WPW
  - ACCESS uses a smaller dose to avoid hypotension and other adverse effects. Higher doses may be used on medical control order