

SECTION: C-06

PROTOCOL TITLE: Adult Narrow Complex Tachycardia

REVISED: November 1, 2017

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

Vagal Maneuvers

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

Cardioversion for Unstable patients

- Settings for manual synchronized cardioversion :

Rhythm	ZOLL	Physio Control LP12/15	Philips MRx
Atrial Flutter	75j, 120j,150j,200j	100j, 200j, 300j, 360j	100j, 150j, 200j,
Atrial Fibrillation	75j, 120j,150j,200j	100j, 200j, 300j, 360j	100j, 150j, 200j,
V-Tach w/ pulse	75j, 120j,150j,200j	100j, 200j, 300j, 360j	100j, 150j, 200j
SVT	75j, 120j,150j,200j	100j, 200j, 300j, 360j	100j, 150j, 200j

- Insure “**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. In event IV access cannot be obtained for prompt sedation, then cardioversion may be performed.
 - See the Sedation for Painful Procedures protocol M-15 for medications and doses.
 - Use Midazolam (Versed) for sedation with cardioversion.

Protocol C-06

Adult Narrow Complex Tachycardia

Antiarrhythmic:

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

For hemodynamically STABLE patients presenting with symptomatic narrow complex tachycardias, vagal maneuvers and antidysrhythmic therapy are indicated.