

SUPRAVENTRICULAR TACHYCARDIA															
ADULT	PEDIATRIC ( $\leq 34\text{Kg}$ )														
BLS															
<ul style="list-style-type: none"> <li>Universal Protocol #601</li> <li>Pulse Oximetry <ul style="list-style-type: none"> <li>O<sub>2</sub> administration per Airway Management Protocol #602</li> </ul> </li> </ul>	Same as Adult														
ALS															
<p><b>Stable</b></p> <ul style="list-style-type: none"> <li>Attempt vagal maneuvers</li> <li>Adenosine 6 mg IV followed by 20 mL NS bolus</li> <li>Adenosine 12 mg followed by 20 mL NS bolus <ul style="list-style-type: none"> <li>May repeat once</li> </ul> </li> </ul> <p><b>Unstable</b></p> <ul style="list-style-type: none"> <li>Synchronized cardioversion (see notes)</li> <li>Midazolam up to 2 mg slow IV or 5 mg IN (split into two doses 2.5 mg each nostril) to pre-medicate prior to cardioversion</li> </ul>	<p><b>Stable</b></p> <ul style="list-style-type: none"> <li>Attempt vagal maneuvers</li> <li>Adenosine 0.1 mg/kg IV followed by 20 mL NS bolus</li> <li>Adenosine 0.2 mg/kg IV followed by 20 mL NS bolus</li> </ul> <p><b>Unstable</b></p> <ul style="list-style-type: none"> <li>Synchronized cardioversion (see notes)</li> <li>Midazolam 0.1 mg/kg slow IV/IN, not to exceed 2 mg to pre-medicate prior to cardioversion</li> </ul>														
Base Hospital Orders Only															
<ul style="list-style-type: none"> <li>As needed</li> </ul>															
Notes															
<ul style="list-style-type: none"> <li>Obtain 12-lead ECG before and after conversion if possible</li> <li>Preferred IV site for Adenosine administration is in a proximal vein with a large bore catheter</li> <li>Vascular access may be omitted prior to cardioversion if in extremis</li> <li>Typical SVT in adults is a QRS <math>&lt; 0.12</math> seconds</li> <li>Typical SVT in pediatric patients is a QRS <math>&lt; 0.09</math> seconds with rates <math>&gt; 180</math> for children and <math>&gt; 220</math> in infants</li> <li>Avoid Adenosine in atrial fibrillation and atrial flutter</li> <li>Synchronized/Unsynchronized Sequences (if synchronized mode is unable to capture use unsynchronized cardioversion)</li> <li>Use manufacturer recommended energy settings if different from below</li> </ul>															
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