

TACHYCARDIA with PULSES (P15)

	F	E	P	D
ASSESS – Look for signs of poor perfusion or respiratory distress (delayed capillary refill, diminished distal pulses, cool extremities, ALOC).	X	X	X	
SECURE AIRWAY - As appropriate.	X	X	X	
SUPRAGLOTTIC AIRWAY - BLS airway OK if airway is patent. Consider SGA. Do not interrupt compressions for more than 10 seconds.			X	
RESPIRATORY MONITORING - Apply and monitor Pulse Oximetry . Apply and monitor Capnography if SUPRAGLOTTIC AIRWAY has been placed to control patient’s airway.	X	X	X	
OXYGEN - 100% by non-rebreather mask or blow-by. Assist respirations as needed.	X	X	X	
ECG MONITOR	X	X	X	
VASCULAR ACCESS - IV/IO, rate as indicated.			X	
Sinus Tachycardia (QRS < 0.09 seconds) Heart Rate > 220 in infants or >180 in children				
FLUID BOLUS - 20 mL/kg, as needed. Reassess after each bolus.			X	
COOLING MEASURES - If temperature > 100.4°F (38°C).	X	X	X	
Supraventricular Tachycardia (SVT) (QRS < 0.09 seconds) Heart Rate > 220 for ages < 2 or Heart Rate >180 for ages > 2. Absent or abnormal P waves				
VAGAL MANEUVERS - Consider if child has normal perfusion (Vagal maneuver in infants and young children is ice water to face. In older children, use Valsalva.)			X	
ADENOSINE - 0.1 mg/kg rapid IV/IO, up to 6 mg, if patient has poor distal perfusion but is responsive. If no change, repeat in 3 minutes at 0.2 mg/kg IV/IO, up to 12 mg. Maximum total dose 18 mg.			X	
SYNCHRONIZED CARディオVERSION - 0.5 joules/kg. If no response, repeat at 1 joule/kg, repeat at 2 joules/kg, then repeat at 4 joules/kg.			X	
Ventricular Tachycardia with Pulses (QRS > 0.09 seconds) and Heart Rate > 150				
SYNCHRONIZED CARディオVERSION - 1 joule/kg. If no response, repeat at 2 joules/kg. If no response, repeat at 4 joules/kg.			X	
LIDOCAINE - 1 mg/kg IV/IO, up to 100 mg if perfusion is inadequate. May repeat every 5 minutes for a total of 3 mg/kg.			X	
AMIODARONE - 5 mg/kg in 100 ml of NS, infused IV/IO over 20 minutes.				X

NOTE: 1) Use standard size pediatric pads for cardioversion for children <10 kg. These should be placed on the anterior chest in a sternal-apical location. If pediatric paddles/pads are not available, use adult pads placed anterior-posterior on the chest wall.

2) If the defibrillator is not able to deliver the indicated energy level, use the lowest setting available.

Provider Key

F = First Responder
P = Paramedic

E = EMT
D = Base Hospital Physician Order Required