

Assess if the heart rhythm is appropriate for the patient's condition.
Heart rates above 150 beats per minute (bpm) should generally be treated.

Search for and treat the cause.

Monitor:

- Heart rhythm
- Oxymetry
- Blood pressure

Provide as needed:

- Maintain an open airway
- Give oxygen

Perform synchronized cardioversion:
start with:

Narrow regular: give 50-100 J.

Narrow irregular: give 120-200 J biphasic or 200 J monophasic.

Wide regular: give 100 J.

Wide irregular: defibrillate (not synchronized).

Consider providing sedation.

For regular narrow complex:
consider giving adenosine.

1st dose: 6 mg IV/IO push with NS flush.

2nd dose: 12 mg IV/IO push with NS flush.

Is the Tachyarrhythmia persistent and symptomatic?

- Low blood pressure
- Change in mental status
- Chest pain
- Heart failure

No

Yes

Wide QRS complex ≥ 0.12 seconds

Yes

No

Provide IV access.

Obtain a 12-lead ECG if available.

Perform vagal maneuvers.

If rhythm is regular:

Give adenosine.

1st dose: 6 mg IV/IO push with NS flush.

2nd dose: 12 mg IV/IO push with NS flush.

Consider giving calcium channel blockers.

Consider giving beta blockers.

Consider requesting expert consultation.

Provide IV access.

Obtain a 12-lead EKG if available.

If rhythm is regular and monomorphic:

Give adenosine.

1st dose: 6 mg IV/IO push with NS flush.

2nd dose: 12 mg IV/IO push with NS flush.

If there is no prolonged QT or CHF:

Consider a procainamide infusion.

Infuse at 20-50 mg/min IV/IO with a maximum dose of 17 mg/kg.

continue procainamide infusion until:

- rhythm converts.
- administration results in hypotension.
- QRS complex duration rises $>50\%$.

Maintenance infusion rate is 1-4 mg/min.

Consider giving amiodarone.

1st dose: 150 mg IV/IO over 10 minutes.

Repeat if VT reoccurs.

Follow with a maintenance infusion:

1 mg/min for following 6 hours.

If there is no prolonged QT:

Consider giving Sotalol:

Infuse 100 mg (1.5 mg/kg) IV/IO over 5 minutes.

Consider requesting expert consultation.