

Advanced Cardiovascular Life Support Adult Tachycardia with a Pulse

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.

Provide as needed:

- · Maintain an open airway
- · Give oxygen
- Blood pressure



Is the Tachyarrhythmia persistant and symptomatic?

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



Perform synchronized cardioversion:

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 syncronized).

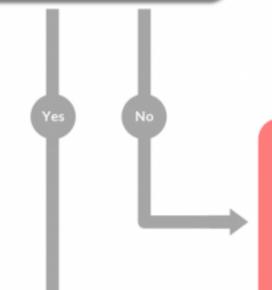
Consider providing sedation.

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.



Wide QRS complex ≥ 0.12 seconds

Provide IV access.

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.

Give adenosine.

Consider a procainamide infusion.

Infuse at 20-50 mg/min IV/IO with a

maximum dose of 17 mg/kg.

continue procainamide infusion until:

 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 reocurrs.

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.

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

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

Source: American Heart Association. (2015).

https://eccguidelines.heart.org/wp-content/uploads/2015/10/2010-Integrated_Updated-Circulation-ACLS-Tachycardia-Algorithm.png Dallas, TX: Publisher.