**Advanced Cardiovascular Life Support**

**Adult Tachycardia with a Pulse**

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

2. **Search for and treat the cause.**
   - **Monitor:**
     - Heart rhythm
     - Oxymetry
     - Blood pressure
   - **Provide as needed:**
     - Maintain an open airway
     - Give oxygen

3. **Is the Tachyarrhythmia persistant and symptomatic?**
   - **Yes:**
     - 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.
   - **No:**
     - **Provide IV access.**
     - Obtain a 12-lead ECG if available.
     - Perform vega 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.
     - **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.
     - **If there is no prolonged QT:**
       - Consider giving amiodarone.
       - 1st dose: 150 mg IV/IO over 10 minutes.
       - Repeat if VT recours.
       - 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.

4. **Wide QRS complex ≥ 0.12 seconds**
   - **Yes:**
     - Consider giving calcium channel blockers.
   - **No:**
     - Consider giving beta blockers.
     - Consider requesting expert consultation.

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