**Pediatric Advanced Life Support**

**Pediatric Tachycardia with a Pulse and Poor Perfusion**

**Search for and treat the cause.**
- Monitor:
  - Heart rhythm
  - Oxymetry
  - Blood pressure
- Provide as needed:
  - Maintain an open airway.
  - Give oxygen.
  - IV/IQ access
  - Consider 12-lead ECG.

**Narrow QRS complex ≤ 0.09 seconds**
- Monitor.
- Consider 12-lead ECG.

**Probable sinus tachycardia?**
- Infant: rate generally < 220 bpm
- Child: rate generally < 180 bpm
- P wave is present and normal
- Consistent P-R interval
- Variable R-R interval
- Indicates history

**Find and treat the cause.**

**Probable supraventricular tachycardia?**
- Infant: rate generally ≥ 220 bpm
- Child: rate generally ≥ 180 bpm
- P wave absent or abnormal
- Heart rate is not variable
- Indicating history
- History of sudden HR changes

**Consider immediate vagal maneuvers.**
- If IV/IQ access:
  - Give adenosine.
- If no IV/IQ access or adenosine fails:
  - Perform synchronized cardioversion.

**Wide QRS complex > 0.09 seconds**

**Possible ventricular tachycardia with cardiopulmonary compromise?**
- Low blood pressure
- Change in mental status
- Shock

**Yes**
- Synchronized cardioversion

**No**
- If rhythm is regular and QRS is monomorphic:
  - Request expert consultation.
  - Give adenosine.
  - Consider giving adenosine.
  - Give procaainamide.

**Synchronized cardioversion:**
- Consider sedation but avoid delays.
- 1st dose: Give 0.5-1 J/kg.
- If not effective:
  - 2nd dose: Give 2 J/kg.

**Adenosine dose:**
- 1st dose: 0.1 mg/kg IV/IQ push (max dose of 6mg).
- 2nd dose: 0.2 mg/kg IV/IQ push (max dose of 12 mg).

**Do not regularly give amiodarone and procaainamide together.**
- Amiodarone dose:
  - Give 5 mg/kg IV/IQ over 20-60 min.
- Procaainamide dose:
  - 15 mg/kg IV/IQ over 30-60 min.

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