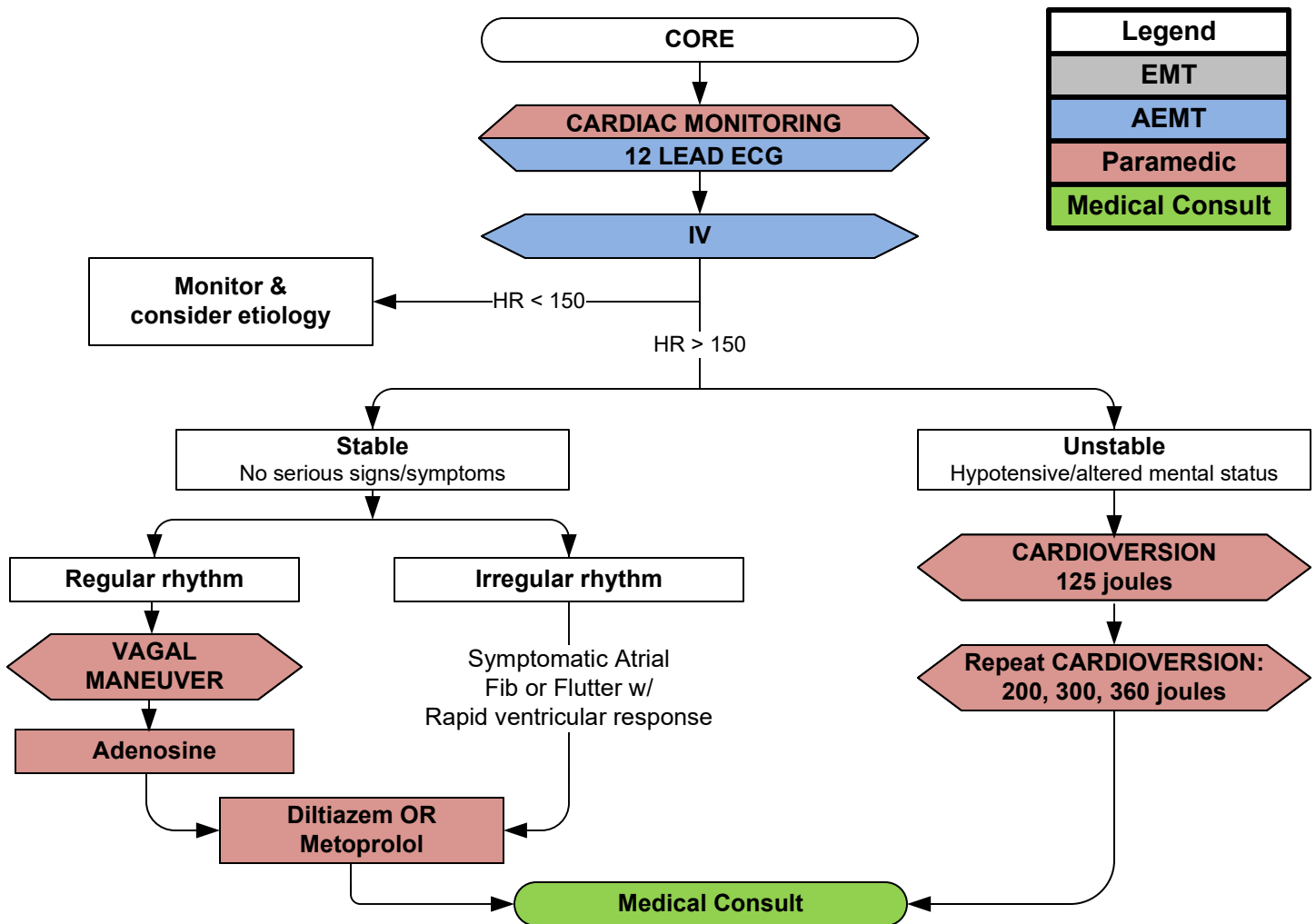


TACHYCARDIA— NARROW COMPLEX

History: - Medications (Digoxin, Aminophylline, Diet pills, Thyroid supplements, Decongestants,) - Diet (caffeine, chocolate) - Drugs (nicotine, cocaine) - History of palpitations / heart racing - Syncope / near syncope - SAMPLE	Signs and Symptoms: - HR > 150/Min - QRS < .12 Sec - Palpitations - Dizziness, CP, SOB, COPD - Altered level of consciousness - Decreased BP - Signs and symptoms of shock, CHF, pulmonary edema - Potential presenting rhythm - Sinus tachycardia - Atrial fibrillation / flutter - Multifocal atrial tachycardia	Differential: - Heart disease (WPW, Valvular) - Sick sinus syndrome - Myocardial infarction - Electrolyte imbalance - Exertion, Pain, Emotional stress - Fever - Hypoxia - Hypovolemia or Anemia - Drug effect / Overdose - Hyperthyroidism - Pulmonary embolus
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Pearls:

- If you are unable to determine whether the rhythm is regular or irregular and the QRS is ≤ 0.12 , administer Adenosine as a diagnostic tool to slow the rate.
- If delta wave present, consider WPW and withhold Diltiazem.
- Print ECG prior to administration of Adenosine/Diltiazem.
- Withhold Diltiazem for heart rate < 150 or blood pressure less than 90 mmHg.
- If the patient is not currently taking a calcium channel blocker or a beta blocker or in cases in which the patient doesn't know his/her medication, Diltiazem should be considered as first option.
- Hypotension will be defined as a systolic blood pressure of less than 90 mmHg.
- Document all rhythm changes.