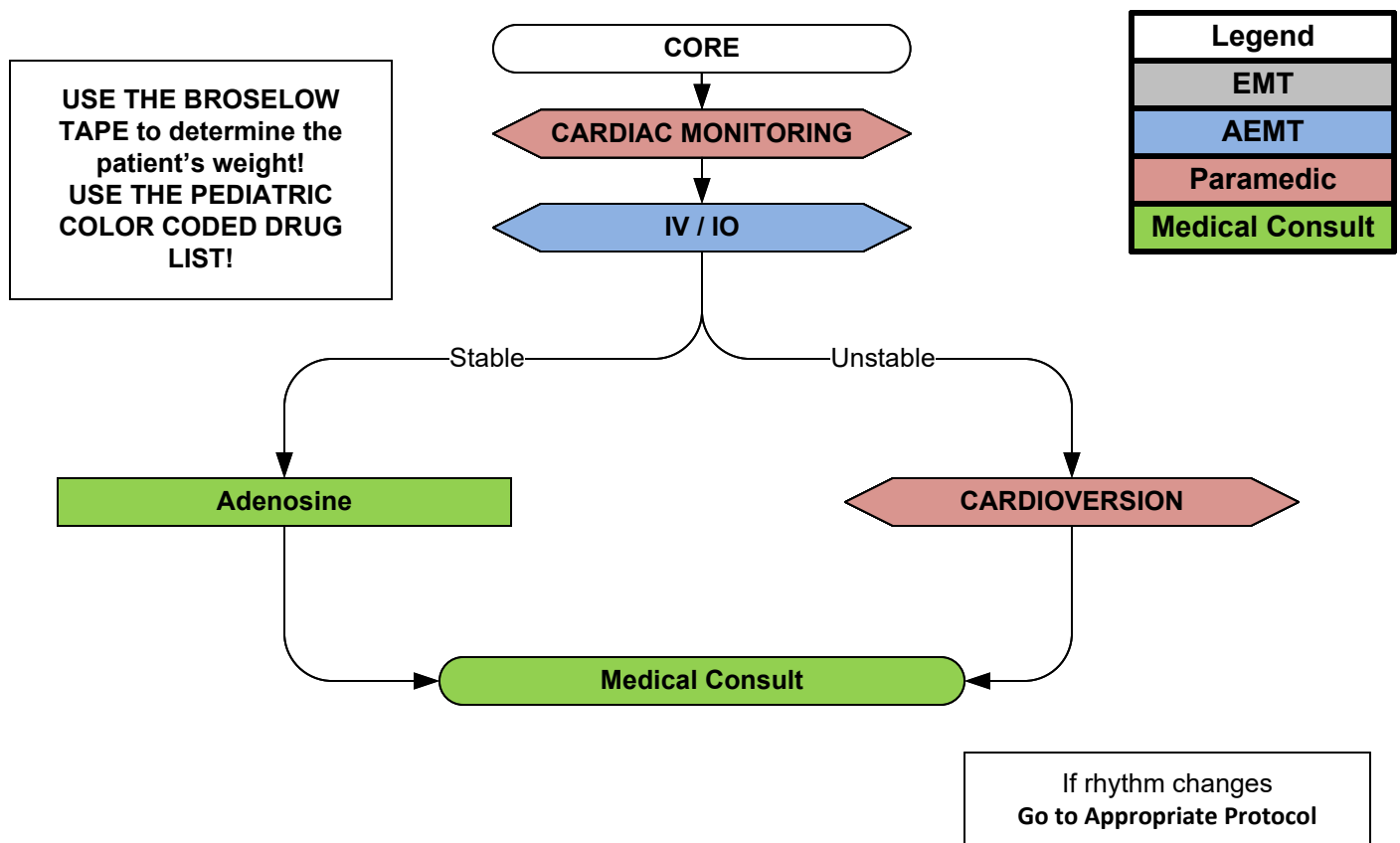


PEDIATRIC TACHYCARDIA-NARROW COMPLEX

History: ○ Respiratory distress ○ Recent GI illness/dehydration ○ Syncope or near syncope ○ SAMPLE ○ Medications or toxic ingestion (aminophylline, diet pills, thyroid supplements, decongestants, digoxin, Ritalin, Adderal) ○ Congenital heart defect	Signs and Symptoms: ○ Heart Rate: Child > 180/bpm Infant > 220/bpm ○ Pale or cyanosis ○ Diaphoresis ○ Tachypnea ○ Vomiting ○ Hypotension ○ Altered level of consciousness ○ Pulmonary congestion ○ Syncope ○ Dry mucous membranes	Differential: ○ Fever / Infection / Sepsis ○ Hypovolemia or anemia ○ Electrolyte imbalance ○ Anxiety / Pain / Emotional stress ○ Diaphragmatic hernia ○ Hypoxia ○ Hypoglycemia ○ Medication / Toxin / Drugs ○ Pulmonary embolus ○ Trauma ○ Tension pneumothorax ○ Heart disease (congenital)
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Pearls:

- Carefully evaluate the rhythm to distinguish Sinus Tachycardia, Supraventricular Tachycardia, and Ventricular Tachycardia.
- Unstable is defined as hypotensive, altered mental status, and signs/symptoms of hypoxia
- Cardioversion energy levels are listed in the Pediatric Broselow-Color Coded Drug List.
- Separating the child from the caregiver may worsen the child's clinical condition.
- Pediatric pads should be used in children < 10 kg or Broselow color Purple.
- Document all rhythm changes.
- Evaluate and treat possible contributing factors: hypoxia, hypovolemia, acidosis, hypo or hyperkalemia, hypoglycemia, hypothermia, toxins, cardiac tamponade, tension pneumothorax, thrombosis, trauma.
- Administering adenosine too slowly or with inadequate IV flush may result in adenosine being ineffective.