

PEDIATRIC TACHYCARDIA-WIDE COMPLEX

History:

- Medications or toxic ingestion (aminophylline, diet pills, thyroid supplements, decongestants, digoxin, Ritalin, Adderal)
- Congenital heart defect
- Respiratory distress
- Syncope or near syncope
- SAMPLE

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

Differential:

- Heart disease (congenital)
- Hypo / Hyperthermia
- Hypovolemia or anemia
- Electrolyte imbalance/ hyperkalemia
- Anxiety / Pain / Emotional stress
- Fever / Infection / Sepsis
- Hypoxia
- Hypoglycemia
- Medication / Toxin / Drugs
- Pulmonary embolus
- Trauma
- Tension pneumothorax

USE THE BROSELOW TAPE to determine the patient's weight!
USE THE PEDIATRIC COLOR CODED DRUG LIST!

CORE

CARDIAC MONITORING
12 LEAD ECG

IV / IO

Legend

EMT

AEMT

Paramedic

Medical Consult

Stable

Unstable

Amiodarone

CARDIOVERSION

If rhythm changes
Go to Appropriate Protocol

Yes

Successful

No

Medical Consult

Amiodarone

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. Cardioversion should be repeated once prior to the administration of Amiodarone if the first cardioversion is unsuccessful.
- 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.
- If hyperkalemia suspected, consider calcium chloride with medical control orders.