# P 12 Tachycardia - Unstable

*Persistent tachycardia with hypotension, ischemic chest pain, altered mental status or shock*

**START**

❶ **Call for help and a code cart/defibrillator**

- ▶ **Ask:** ***"Who will be the crisis manager?"***

❷ **Turn $FiO_2$ to 100% and turn down volatile anesthetics**

❸ **Analyze rhythm**

- If wide complex, irregular: Treat as VF, go to ▷Pedi CHKLST 5
- If narrow complex tachycardia: try vagal maneuvers, give Adenosine 0.1-0.3 mg/kg IV push (Max 1st dose 6mg/max 2nd dose 12mg)
- Otherwise: prepare for cardioversion

❹ **Prepare for immediate synchronized cardioversion**

1. Sedate all conscious patients unless deteriorating rapidly
2. Turn monitor/defibrillator ON, set to defibrillator mode
3. Place electrodes on chest
4. Engage synchronization mode
5. Look for mark/spike on the R-wave indicating synchronization mode
6. Adjust if necessary until SYNC markers seen with each R-wave

❺ **Cardiovert at appropriate energy level**

1. Determine appropriate energy level using Cardioversion table at right.
   Begin with lowest energy level and progress as needed.
2. Select energy level
3. Press charge button
4. Press and hold shock button
5. Check monitor. If tachycardia persists, increase energy level
6. Engage synchronization mode after delivery of each shock

❻ **Consider expert consultation – Pediatric Cardiologist (Amion, Remis)**

## BIPHASIC CARDIOVERSION energy levels

**SVT, tachyarrhythmia with pulse**
Synchronized cardioversion Biphasic 0.5-1 J/kg, then 2 J/kg for additional shocks

**VT, Wide-complex irregular rhythm**
Biphasic 2 J/kg, then 4 J/kg for additional shocks

## Critical CHANGES

If **cardioversion needed and impossible to synchronize** shock, use high-energy unsynchronized shocks.

Defribrillation doses:

- Biphasic: 2-4 j/kg

If cardiac arrest:
*Go to:*
▷Pedi CHKLST 5 Cardiac Arrest – VF/VT
▷Pedi CHKLST 4 Cardiac Arrest – Asystole/PEA

## During RESUSCITATION

Airway: Assess and secure

Circulation:
- Confirm adequate IV or IO access
- Consider IV fluids wide open

All reasonable precautions have been taken to verify the information contained in this publication. The responsibility for the interpretation and use of the materials lies with the reader. Revised Jan 2013 (011613.1)
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