

SUPRAVENTRICULAR TACHYCARDIA															
ADULT	PEDIATRIC (≤ 34Kg)														
BLS															
<ul style="list-style-type: none"> Universal Protocol #601 	Same as Adult														
BLS Optional															
Pulse Oximetry – O ₂ administration per Airway Management Protocol #602															
ALS Standing Orders															
<p style="text-align: center;">Stable</p> <ul style="list-style-type: none"> Attempt vagal maneuvers Adenosine 6 mg IV followed by 20 mL NS bolus Adenosine 12 mg followed by 20 mL NS bolus <ul style="list-style-type: none"> May repeat once <p style="text-align: center;">Unstable</p> <ul style="list-style-type: none"> Synchronized cardioversion (see notes) Midazolam up to 2 mg slow IV or 5 mg IN (split into two doses 2.5 mg each nostril) to pre-medicate prior to cardioversion 	<p style="text-align: center;">Stable</p> <ul style="list-style-type: none"> Attempt vagal maneuvers Adenosine 0.1 mg/kg IV followed by 20 mL NS bolus Adenosine 0.2 mg/kg IV followed by 20 mL NS bolus <p style="text-align: center;">Unstable</p> <ul style="list-style-type: none"> Synchronized cardioversion (see notes) Midazolam 0.1 mg/kg slow IV/IN, not to exceed 2 mg to pre-medicate prior to cardioversion 														
Base Hospital Orders Only															
<ul style="list-style-type: none"> Cardioversion of unstable irregular rhythms As needed 	<ul style="list-style-type: none"> As needed 														
Notes															
<ul style="list-style-type: none"> Obtain 12-lead ECG before and after conversion if possible Preferred IV site for Adenosine administration is in a proximal vein with a large bore catheter Vascular access may be omitted prior to cardioversion if in extremis Typical SVT in adults is a QRS < 0.12 seconds Typical SVT in pediatric patients is a QRS < 0.09 seconds with rates > 180 for children and >220 in infants Avoid Adenosine in atrial fibrillation and atrial flutter Consider and treat underlying causes in unstable patients with atrial fibrillation and atrial flutter, i.e. sepsis, dehydration/hypovolemia, medication errors, etc. Synchronized/Unsynchronized Sequences (if synchronized mode is unable to capture use unsynchronized cardioversion) Use manufacturer recommended energy settings if different from below <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>ADULT</th> <th>PEDIATRIC</th> </tr> </thead> <tbody> <tr> <td>50 J</td> <td>1 J/kg</td> </tr> <tr> <td>70/75 J</td> <td>2 J/kg</td> </tr> <tr> <td>100 J</td> <td>2 J/kg</td> </tr> <tr> <td>120 J</td> <td></td> </tr> <tr> <td>150 J</td> <td></td> </tr> <tr> <td>200 J</td> <td></td> </tr> </tbody> </table> <p style="text-align: center;">(start at 120J in adult patient with irregular rhythms)</p>		ADULT	PEDIATRIC	50 J	1 J/kg	70/75 J	2 J/kg	100 J	2 J/kg	120 J		150 J		200 J	
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