CMG 8 – TACHYCARDIAS
(Revised: February 2019)

(a) NARROW QRS COMPLEX

Consider pharmacological treatment if heart rate is:
>150/min in adults, >180/min in paediatrics
(if symptomatic / associated with poor perfusion)

ICP		AP
ICP	12 lead ECG	AP
ICP	Modified Valsalva – repeat once if unsuccessful	AP
ICP	If **SVT**: adenosine	
ICP	If **rapid AF** or **A.Flutter**: refer to treatment algorithm over page	AP
ICP	Consider **IV fluids** in all tachycardic patients if hypotensive, not in LVF and unresponsive to pharmacological management	AP
ICP	Any rapid rhythm (>200/min) in an unconscious patient with no pulse: **defibrillate**	AP

(b) WIDE QRS COMPLEX

Consider treatment if heart rate is:
>150/min in adults, >180/min in paediatrics
(if symptomatic / associated with poor perfusion)

ICP		AP
ICP	Make differentiation – 12 lead ECG if time	AP
ICP	If aberrant SVT, AF or A.Flutter – treat as per 8(a)	AP
ICP	No pulse: treat as **SHOCKABLE** cardiac arrest (CMG 4,5)	AP
ICP	Any rapid rhythm (>200/min) in an unconscious patient with no pulse: **defibrillate**	AP

SYMPTOMATIC VT with cardiac output:

ICP		
ICP	Amiodarone	
ICP	If amiodarone contraindicated: lignocaine	

TORSADES DE POINTES:

ICP		
ICP	Magnesium sulphate as first medication (do not use amiodarone)	
ICP	Consider **IV fluids** in all tachycardic patients if hypotensive and not in LVF (especially if unresponsive to management)	AP

continues over

TREATMENT ALGORITHM FOR RAPID ATRIAL FIBRILLATION OR FLUTTER

Establish diagnostic criteria: * atrial fibrillation or flutter, rapid rate (>150/min adult, >180/min paediatric)

* recent onset of AF (reliably < 24 hours) – i.e. no evidence of pre-existing AF

No significant compromise

ICP	Observe	AP
ICP	**Do NOT** use amiodarone in these patients	AP

Hypotension

ICP	If no LVF: treat with IV fluids as per CMG 14	AP
ICP	If LVF AND hypotension: treat *cautiously* with amiodarone	

Ischaemic chest pain

ICP	Treat chest pain as appropriate	AP
ICP	Treat rapid rate with amiodarone concurrently	

Pulmonary oedema

ICP	Treat pulmonary oedema as appropriate	AP
ICP	Treat rapid rate with amiodarone concurrently	

NOTE: monitor BP closely – the combination of drug treatments for pulmonary oedema may cause hypotension

Rapid AF or A.Flutter apparently secondary to an acute cerebral event

These patients will present with a ↓LOC and may be hypotensive

ICP	If no LVF: treat with IV fluids as per CMG 14	AP
ICP	**Do NOT** use amiodarone in these patients	AP

NOTE: unconscious patients post cardiac arrest in rapid AF may be treated with amiodarone unless otherwise contraindicated. Allow several minutes for rhythms to stabilise **before** administering amiodarone