CMG 6 – CARDIAC ARRHYTHMIAS
(Revised: January 2017)

*****************************
ANY RHYTHM,
PATIENT UNCONSCIOUS,
NO PULSE –
treat as per
CARDIAC ARREST
(adults CMG 4,
paediatrics CMG 5)
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Rate and perfusion
determines the type of
treatment.

Treat symptomatically,
as per patient condition.

If unable to decide which
specific therapy is required
– general care, observe,
prompt transport.
APs consider ICP assistance.

Rapid
>100/min in adults
(see relevant Paed Reference Card
for paediatric parameters)

Narrow
QRS <0.12 sec

Consider:
• Sinus tachycardia
• Supraventricular tachycardia
• Atrial flutter with
  2:1 conduction (rate 150/min) or
  1:1 conduction (rate 300/min)

Regular

Irregular

Consider:
• Atrial fibrillation
• Atrial flutter with variable
  conduction
• Sinus tachycardia with premature
  atrial contractions
• Multifocal atrial tachycardia

If symptomatic/compromised,
treat as per CMG 8

Slow
<50/min in adults
(see relevant Paed Reference Card
for paediatric parameters)

Wide
QRS ≥0.12 sec

Regular

Consider:
• Ventricular tachycardia
• Supraventricular tachycardia with
  aberrancy
• Atrial flutter with
  aberrancy
• Multifocal atrial tachycardia with
  aberrancy

Irregular

Consider:
• Ventricular fibrillation
• Atrial fibrillation with aberrancy or
  WPW
• Atrial flutter with variable
  conduction and aberrancy
• Multifocal atrial tachycardia with
  aberrancy

If symptomatic/compromised,
treat as per CMG 7

ACT Ambulance Service Clinical Management Guidelines
Uncontrolled when printed. The latest version of this document is available on the ACT Ambulance Service internet site.