CMG 8 - TACHYCARDIAS
(Revised: December 2013)

(a) Narrow QRS Complex

Consider: Sinus tachycardia; SVT; AF; AFl; MAT

Use 12 lead ECG

Valsalva x 2

If SVT:
Adenosine 6 mg IV
Adenosine 12 mg IV, if required

If rapid AF or AFl, refer to treatment algorithm:

Consider pharmacological treatment if heart rate is above 150 in adults or 170 in children.

Consider IV fluids in all tachycardic patients if hypotensive, not in LVF & unresponsive to pharmacological management.

Any rapid rhythm (over 200), in an unconscious patient with no pulse → shock.

Paediatric doses:     Adenosine:  0.05 mg/kg; then 0.1 mg/kg
                      Amiodarone: 5 mg/kg (to a total of 150 mg)

(b) Wide QRS Complex

Consider: VT; SVT with aberrancy; rapid AF or AFI with aberrancy.

Make differentiation: (12 lead ECG if time)
If aberrant SVT, AF or AFI - treat as per 8(a)

If rapid, symptomatic VT:
Amiodarone 150 mg IV

If Amiodarone contra-indicated, VT with cardiac output:
Lignocaine 1 mg/kg

No pulse: Treat as VF cardiac arrest

Torsades de Pointes: MgSO₄ IV instead of Amiodarone

IV Amiodarone – given over 10 minutes via Springfusor
(If the patient is extremely compromised and in VT, it may be given over 5 mins by slow IV injection)

ACT Ambulance Service Clinical Management Manual
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**CMG 8 (cont) - TREATMENT ALGORITHM FOR RAPID ATRIAL FIBRILLATION OR FLUTTER**

Establish diagnosis criteria: - Atrial fibrillation or flutter, rapid rate (> 150)
- Recent onset of AF (reliably < 24 hrs) i.e. no evidence of pre-existing AF

<table>
<thead>
<tr>
<th>No significant compromise</th>
<th>Hypotension</th>
<th>Ischaemic chest pain</th>
<th>Pulmonary Oedema</th>
<th>Rapid AF or AFl apparently secondary to an acute cerebral event</th>
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<tbody>
<tr>
<td>Observe</td>
<td>Check for evidence of LVF</td>
<td>Treat chest pain as appropriate</td>
<td>Treat pulmonary oedema as appropriate</td>
<td>These patients will present with a decreased LOC, &amp; may be hypotensive</td>
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<tr>
<td>Do NOT use Amiodarone in these patients</td>
<td>If no LVF: treat with IV fluids, 5 – 10 mls/kg</td>
<td>Treat rapid rate with Amiodarone concurrently</td>
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<td>Check for evidence of LVF</td>
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<td>If LVF + hypotension: treat cautiously with Amiodarone</td>
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<td>If no LVF: treat hypotension with IV fluids, 5 – 10 mls/kg</td>
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<td>Do NOT use Amiodarone in these patients.</td>
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<td>NOTE: Unconscious patients post cardiac arrest in rapid AF may be treated with Amiodarone unless otherwise contraindicated.</td>
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<td>Allow several minutes for rhythms to stabilise before administering Amiodarone.</td>
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**NOTE:** Monitor BP closely – the combination of drug treatments for pulmonary oedema may cause hypotension.