



CMG 8 - TACHYCARDIAS

(Revised: December 2013)

(a) Narrow QRS Complex

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

Use 12 lead ECG

Valsalva x 2

If SVT:

Adenosine 6 mg IV

Adenosine 12 mg IV, if required

If rapid AF or AFI, refer to treatment algorithm:

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)

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

continues over



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**

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