### TREATMENT PROTOCOL: PEDIATRIC TACHYDYSRHYTHMIAS

1. Basic airway
2. Pulse oximetry
3. Oxygen prn
4. Assist respirations with bag-valve-mask prn using “squeeze-release-release” technique
5. Cardiac monitor: 12-lead ECG; document rhythm and attach ECG strip if dysrhythmia
6. Supine position prn
7. Venous access prn

<table>
<thead>
<tr>
<th>SINUS TACHYCARDIA</th>
<th>SVT (NARROW COMPLEX)</th>
<th>V-TACH</th>
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</table>
| Infants: heart rate less than 220bpm  
Children: heart rate less than 180bpm | Infants: heart rate equal to or greater than 220bpm  
Children: heart rate equal to or greater than 180bpm | Wide Complex |

8. **Adequate Perfusion:** monitor closely for potential deterioration  
   Rapid transport
   **Poor perfusion:**  
   Normal Saline fluid challenge  
   20ml/kg IV
9. **Establish Base Contact (All)**
10. **Adenosine**  
    0.1mg/kg rapid IV push  
    Poor perfusion:  
    0.2mg/kg rapid IV push  
    Maximum first dose 6mg, immediately follow with 10-20ml Normal Saline rapid IV flush  
    May be repeated one time if it does not delay cardioversion
    Contraindications: 2nd and 3rd degree heart block; history of Sick Sinus Syndrome  
    See Color Code Drug Doses/L.A. County Kids
11. **Establish Base Contact (All)**
12. **Midazolam**  
    0.1mg/kg IV push, titrate to sedation  
    0.1mg/kg IM or IN, if unable to obtain venous access  
    May repeat one time in 5min, maximum total pediatric dose 5mg all routes  
    Monitor airway continuously after administration
13. **Continually reassess respirations and pulses**

### Sinus Tachycardia
- **Infants:** Heart rate less than 220bpm  
- **Children:** Heart rate less than 180bpm

### SVT (Narrow Complex)
- **Infants:** Heart rate equal to or greater than 220bpm  
- **Children:** Heart rate equal to or greater than 180bpm

### V-Tach
- **Wide Complex**

8. **Poor perfusion:**  
   Synchronized cardioversion 0.5-1J/kg
   (monophasic or biphasic)
9. **If no conversion:**  
   Synchronized cardioversion 2J/kg
10. **Establish Base Contact (All)**
11. **Consider sedation in the awake patient prior to cardioversion:**  
    **Midazolam**  
    0.1mg/kg IV push, titrate to sedation  
    0.1mg/kg IM or IN, if unable to obtain venous access  
    May repeat one time in 5min, maximum total pediatric dose 5mg all routes  
    Monitor airway continuously after administration
12. **If no conversion:**  
    Synchronized cardioversion: 2J/kg
13. **Continually reassess respirations and pulses**
SPECIAL CONSIDERATIONS

1. If monitor does not discharge on “sync”, turn off sync and defibrillate.

2. For failure to convert or transient conversion to normal sinus rhythm, consider expedited transport.