Assess appropriateness for clinical condition. Heart rate typically ≥150/min if tachyarrhythmia.

Identify and treat underlying cause
- Maintain patent airway; assist breathing as necessary
- Oxygen (if hypoxemic)
- Cardiac monitor to identify rhythm; monitor blood pressure and oximetry

Persistent tachyarrhythmia causing:
- Hypotension?
- Acutely altered mental status?
- Signs of shock?
- Ischemic chest discomfort?
- Acute heart failure?

Wide QRS? ≥0.12 second

Yes
- Synchronized cardioversion
  - Consider sedation
  - If regular narrow complex, consider adenosine

No

Yes
- IV access and 12-lead ECG if available
- Consider adenosine only if regular and monomorphic
- Consider antiarrhythmic infusion
- Consider expert consultation

No
- IV access and 12-lead ECG if available
- Vagal maneuvers
- Adenosine (if regular)
- β-Blocker or calcium channel blocker
- Consider expert consultation

Synchronized Cardioversion
Initial recommended doses:
- Narrow regular: 50-100 J
- Narrow irregular: 120-200 J biphasic or 200 J monophasic
- Wide regular: 100 J
- Wide irregular: defibrillation dose (NOT synchronized)

Adenosine IV Dose:
First dose: 6 mg rapid IV push; follow with NS flush.
Second dose: 12 mg if required.

Antiarrhythmic Infusions for Stable Wide-QRS Tachy
- Lidocaine 1 mg/kg then 0.5 mg/kg q10min NTE 3 mg/kg