Assessment
- assess and support ABCs
  - provide oxygen
  - attach monitor
  - adequate perfusion/stable
  - rapid rhythm

PCP ICP

Transport and call for ACP intercept

- p waves present
  - RR variable
  - infants: HR <220/min
  - older children:
  HR <180/min
  - QRS < .08

Probable Sinus Tachycardia (ST)

ACP CCP
Transport
identify and treat possible causes

Probable Supraventricular Tachycardia (SVT)

ACP CCP
vagal maneuvers

ACP CCP
successful

ACP CCP
IV access

ACP CCP
- adenosine 0.1mg/kg
  (max. first dose 6mg)
  repeat once and double the
dose (max. second dose 12mg)
  - 2-5ml NS after each dose

ACP CCP
Transport

ACP CCP
Probable VT

QRS > .08

ACP CCP

ACP CCP

ACP CCP

ACP CCP

ACP CCP

ACP CCP

ACP CCP

1. If runs of VT.
2. Prepare for cardioversion if patient deteriorates