Assessment
- assess and support ABCs
- provide oxygen
- attach monitor
- poor perfusion/unstable
- rapid rhythm

Transport and call for ACP intercept

IV/IO access

ECG Analysis

Probable Sinus Tachycardia (ST)
- p waves present
- rr variable
- infants: HR <220/min
- older children: HR <180/min
- QRS < .08

Probable Supraventricular Tachycardia (SVT)
- p waves absent
- RR fixed
- infants: HR >220/min
- older children: HR >180/min
- QRS < .08

Probable VT
- QRS > .08

QRS > .08

Transport
identify and treat possible causes

No IV/IO access

ACP CCP
cardioversion
0.5-1.0J/kg
(up to 2 J/kg)

No Conversion

Conversion

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
Lidocaine 1.0mg/kg IV
then 0.5mg/kg q 10 min if required to a maximum total dose of 3.0mg/kg.

ACP CCP

1. If runs of VT.