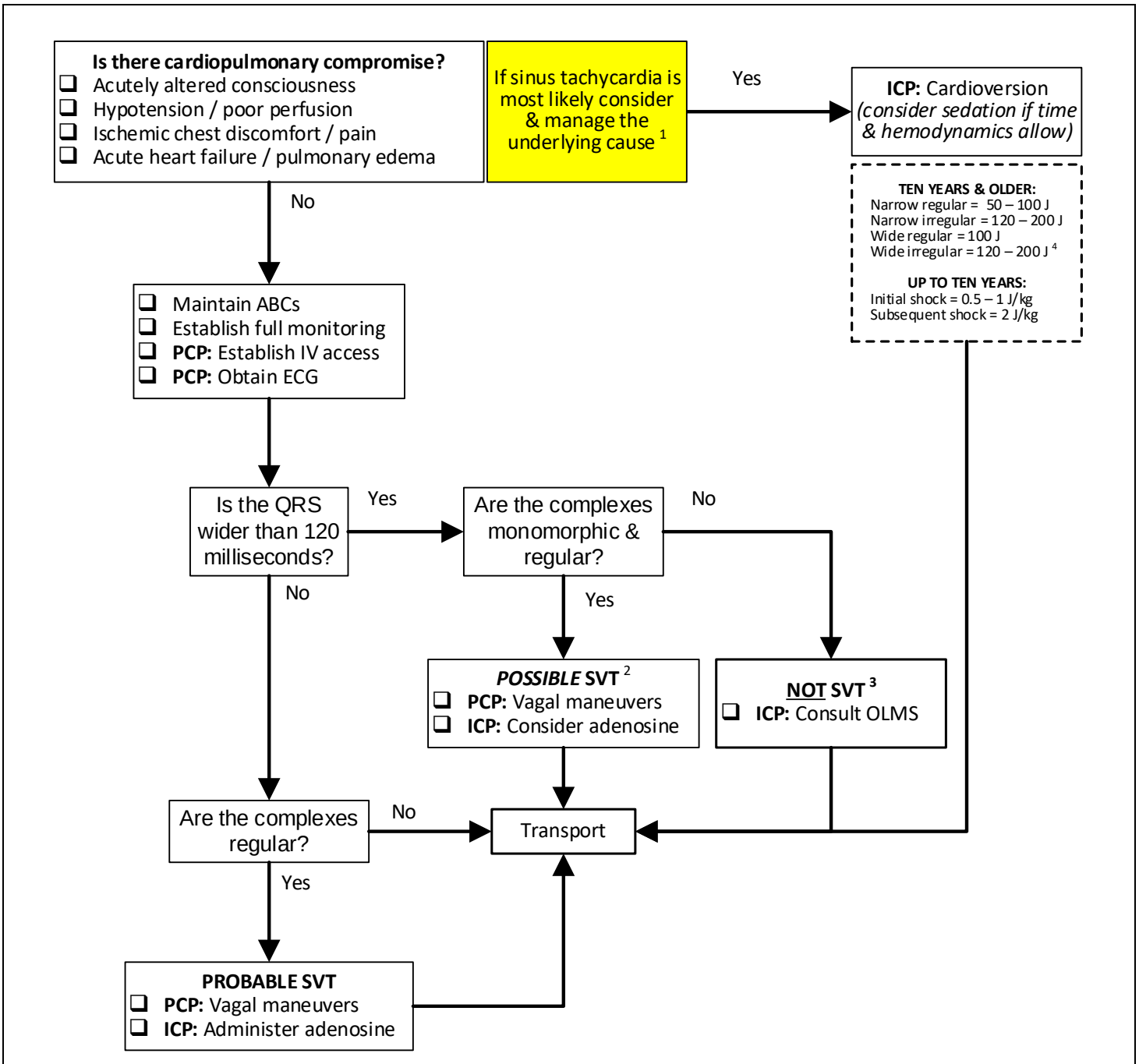
Shared health Soins communs Manitoba	C06 - UNSTABLE TACHYCARDIA	
	All ages	RESUSCITATION
Version date: 2023-07-09		Effective Date: 2024-02-13 (0700)



IDENTIFIER:	EMR: EMR only	PCP: PCP & ICP	ICP: ICP only	None - All providers

INDICATIONS

- A palpable pulse with a sustained heart rate (HR) greater than the age-appropriate physiological maximum (appendix A) and cardiopulmonary compromise known or suspected to be due to the tachycardia.

CONTRAINDICATIONS

- Tachycardia without a palpable pulse indicates will be treated as per the appropriate resuscitation care map (C01 / C02).

NOTES

1. In an infant or child, that rhythm with a heart rate (HR) of less than 200 beats per minute (bpm) is consistent with sinus tachycardia (causes include hypovolemia, sepsis, or hypoxemia). A HR above 220 bpm suggests **paroxysmal supraventricular tachycardia** (PSVT *or* SVT), especially if accompanied by signs of heart failure.
2. SVT can have wide QRS complexes when abnormal conduction is present. However, the complexes should all look similar (monomorphic) and be very regular. A history of prior SVT or known aberrant conduction is an important clue.
3. A wide QRS complex that is not monomorphic and not regular is much less consistent with SVT and highly suspicious for ventricular tachycardia (VT), or atrial fibrillation (AF) with abnormal conduction. In this case, adenosine is unlikely to work and could precipitate ventricular fibrillation (VF) if the rhythm is aberrantly conducted AF.

   If the transport time is long or the patient is at risk of developing ischemia, chemical cardioversion with amiodarone should be considered. Consult on-line medical support (OLMS).
4. With extremely irregular polymorphic rhythms, synchronization may not be possible.
5. When performing cardioversion on a patient with an implanted cardioverter defibrillator (ICD) or pacemaker, place the electrodes at least 8 centimeters (3 inches) away from the pulse generator. Do not perform cardioversion on a patient with a left ventricular assist device (LVAD).

LINKS

C01 - BASIC CARDIAC ARREST
C02 - ADVANCED CARDIAC ARREST
M01 - ADENOSINE
M14 - AMIODARONE

APPROVED BY	
	
EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X03 for change tracking)
• Identifier legend at bottom of flow chart replaces work scope statement in header • Table A moved to appendix

APPENDIX A - MAXIMUM HEART RATE BY AGE			
AGE IN YEARS	**HR (BPM)**	**AGE IN MONTHS**	**HR (BPM)**
> 18	100	24 - 36	140
15 - 18	105	18 - 24	150
12 - 15	110	12 - 18	155
8 - 12	115	9 - 12	160
6 - 8	120	6 - 9	170
4 - 6	130	3 - 6	175
3 - 4	135	0 - 3	180