

	Department Name Address	ALS	Paramedic
		Revision #	
		Implementation Date	
Protocol	2.1.13 Supra-Ventricular Tachycardia	Last Reviewed/Update Date	
Author / Owner		Medical Director	

Goals: Rapidly assess and determine stability of the patient. If the patient is unstable with SVT, resuscitation and stabilization should be initiated prior to transport. Once stabilized, begin transport and continue necessary treatment. Early notification of the emergency department and medical control is necessary.

1. Baseline care standards.
2. Determine stability. If a patient has an altered level of consciousness or a blood pressure less than 80 mm/mg, they are unstable.
3. Place patient in a position of comfort.
4. Oxygen 2-6 L per minute by nasal cannula or 15 L per minute by non-rebreather mask.
5. Establish IV of Normal Saline TKO.

If patient is stable

6. Consider Vagal Maneuvers.
7. Administer:
 - *Adenosine 6 mg Rapid IV* followed with a *saline bolus 10 ml by syringe*. The drug and saline bolus should be administered within 5 seconds of each other. If no response:
 - *Adenosine 12 mg Rapid IV* followed with a *saline bolus 10 ml by syringe*. The drug and saline bolus should be administered within 5 seconds of each other. If no response repeat this step once.
8. If the rhythm is determined to be atrial fib or flutter, administer:
 - *Diltiazem 0.25 mg / kg over 2 minutes*.
 - If after 15 minutes the heart rate is above 100 bpm, repeat the *Diltiazem at 0.35 mg/kg*.
 - Consider *Verapamil 2.5-5 mg IV*.

If patient is unstable

9. Cardiovert at 100 joules; if no response then cardiovert at 200 joules; if no response then cardiovert at 300 joules; if no response cardiovert at 360 joules; if no response:
10. Transport as soon as possible and contact medical control.

Medical Director's Signature

Date

Disclaimer:

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