

PC05 Pediatric Tachycardia – Wide Complex

Objectives:

- Early recognition and management of pediatric wide-complex tachycardia

General Information:

- Signs and Symptoms of a hemodynamically unstable patient include:
 - a) Altered mental status
 - b) Poor perfusion
 - i) Mottling
 - ii) Pallor
 - iii) Cyanosis
 - iv) Diminished peripheral pulses
 - c) Ongoing chest discomfort
 - d) Shortness of breath
 - e) Hypotension
 - f) Shock
- Consider causes such as the following and contact medical control for guidance:
 - a) Congenital cardiac conditions
 - b) Drug toxicity (tricyclic antidepressants, cocaine, calcium channel blockers)
- Amiodarone
 - a) 5 mg/kg over 20 minutes
- Medical control may order adenosine if SVT with aberrant conduction is suspected
 - a) First dose: 0.1 mg/kg rapid IV/IO push, max dose 6 mg
 - b) Second dose: 0.2 mg/kg rapid IV/IO push, max dose 12 mg



Warnings/Alerts:

- Polymorphic VT can deteriorate quickly to VF – cardiovert ASAP
- If unable to obtain synchronization, deliver unsynchronized shock at defibrillation energy (manufacturer recommendations)
- If the patient has VT with altered mental status and other signs of hemodynamic instability, do not delay cardioversion to administer sedation

OMD Notes:

- Younger children may require proportionately higher doses of medication due to their faster metabolism.

References:

AHA Pediatric Advanced Life Support Provider Manual, 2006, p. 126-147

Performance Indicators:

Vital Signs before Intervention	Vital Signs after Intervention	Stable or Unstable Patient
Response to Therapy	Initial Rhythm	LOC
Onset of Symptoms		

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