

## Tachycardia Algorithm

See individual sections for more detailed analysis & recommendations

See also ACLS Notes

### **TACHYCARDIA WITH PULSE**

**Hear rate typically > 150 bpm**

1. Assess/ support ABCs as needed
  - Secure airway if necessary
2. Give O<sub>2</sub> if hypoxemic
3. Monitor
  - ECG (identify rhythm)
  - Blood pressure
  - Oximetry
4. Identify/ treat contributing causes

**Persistent tachyarrhythmia causing any of the following:**

**Hypotension, changes in mental status, shock, ischemic pain, CHF?**

1. **Yes - Synchronized Cardioversion**
  - **Consider sedation**
  - **If regular narrow complex, consider adenosine**
    - **Adenosine dose: first dose 6 mg rapid IV push : follow with NS flush, Second dose 12 mg if required**
2. **No – is QRS wide >0.12 second?**
  - **Yes**
    - IV access and 12 lead EKG if available
    - Adenosine only if regular and monomorphic
    - Consider antiarrhythmic infusion
      - Procainamide IV
      - Amiodarone IV
      - Sotalol IV
    - Consider expert consultation
  - **No**
    - IV access and 12 lead EKG if available
    - Vagal maneuvers
    - Adenosine (if regular)
    - Beta blocker or calcium channel blocker
    - Consider expert consultation

**Potential Contributing Causes – consider in all cases**

1. The 6 Hs
  - **Hypovolemia**
  - **Hypoxia**
  - **Hydrogen Ion (acidosis)**
  - **Hypo/ Hyperkalemia**
  - **Hypoglycemia**
  - **Hypothermia**

- 2. The 5 Ts
  - **Toxins**
  - **Tamponade (cardiac)**
  - **Tension pneumothorax**
  - **Thrombosis**
    - Coronary
    - Pulmonary
  - **Trauma**
    - Hypovolemia
    - Increased ICP

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