



ORANGE COUNTY EMERGENCY MEDICAL SERVICES  
BASE HOSPITAL TREATMENT GUIDELINES  
SUPRAVENTRICULAR TACHYCARDIA (PEDIATRIC)

**BASE GUIDELINES**

1. During resuscitation attempts, interruption of chest compressions should always be held to a minimum when the patient is in a pulseless state.
  2. AED electrode pads are most effective for children when placed in the anterolateral position.
  3. Agonal gasps are not adequate breathing and when accompanied with a pulseless state the patient should be considered to be in full cardiopulmonary arrest.
  4. Consider and treat reversible causes:  
    hypovolemia\*      acidosis  
    hypoxia            tension pneumothorax  
    hypoglycemia      toxins
- \* For suspected hypovolemia, give Normal Saline 20 mL/kg (up to 250 ML) fluid bolus; repeat up to 2 times to maintain perfusion.
5. Do not give adenosine when the rhythm is wide complex QRS and irregular, this can result in worsening of cardiac status.

**Unstable Narrow Complex Tachycardia – Rate 220/min and above**

Signs of poor perfusion, hypotension:

- ▶ Adenosine 0.2mg/kg rapid IV over 1-3 seconds (*Maximum first dose: 8 mg or 2.7mL (3 mg/mL preparation)*).
- If no response, repeat dose of 0.2 mg/kg once in approximately 1-2 minutes after first dose (*Maximum second dose: 8 mg or 2.7mL (3 mg/mL preparation)*).

Altered consciousness, pulseless:

- ▶ Cardioversion: 1J/kg (do not delay for IV access if deteriorating)

**ALS STANDING ORDER**

**NO ALS SO**

Approved: