

# Tachycardia

## Narrow complex tachycardia

### Evaluation

- Obtain EKG and complete set of vital sign to check for hemodynamic instability
- If unstable follow ACLS protocol

### Management

- Unstable: follow ACLS protocol and do not delay synchronized cardioversion
- Try vagal maneuver or adenosine.
- Vagal maneuver:
  - Valsalva
  - Carotid massage
- Adenosine: Warn patients that adenosine will make them feel terrible but it will be short.
  - Dosing:
    - Peripheral IV 6mg x1. may repeat one more time with the same dose several minutes later if not improving, then increase to 12mg dose x1
    - Central line: 3mg with a repeat dose and then increased dose to 6mg
  - **DO NOT use in heart transplant recipient, wide complex tachycardia and WPW or previous allergy**

## Wide Complex Tachycardia

### Evaluation

- Is patient stable or unstable
- If unstable or in doubt call code blue and follow ACLS protocol
- If stable obtain EKG, troponin, and electrolyte panel including magnesium
- Look for precipitating cause and medication list for QT prolonging agents

### Management

- Replete electrolytes

- Discontinue QT prolonged agents. Magnesium sulfate 2g IV should be given if patient have prolonged Qtc ( $>450$  in women and  $>470$  in men)

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