

Tachycardia - Pediatric

AGE	Mean	Upper limit of normal
Newborn to 3 months	140	180
3 months to 2 years	130	175
2 years to 10 years	80	140
>10 years	75	100

Basic Standing Orders

- B**
- ▶ Routine Patient Care.
 - ▶ Assess and support ABC's as needed.
 - ▶ Provide high-flow oxygen and consider assisting respiration.
 - ▶ Consider Paramedic intercept.

Advanced Standing Orders

- A**
- ▶ IV/IO access and administer fluid boluses of 20 mL/kg to maintain systolic blood pressure > minimum for age and signs of adequate perfusion.

Paramedic Standing Orders

- P**
- ▶ Identify rhythm using cardiac monitor and 12-lead EKG.
 - ▶ Evaluate QRS duration.
 - ▶ Consider treatable causes.
- Consider procedural sedation prior to cardioversion**
- ▶ Midazolam 0.05 mg/kg IV/ IN (see IN dosing chart, pg 236) **or**
 - ▶ Diazepam 0.05 mg/kg IV **OR**
 - ▶ Ketamine 2 mg/kg IV, Slow IV Push
- PSVT or narrow complex tachycardia**
- ▶ **Consider vagal stimulation unless patient is very unstable or if it does not unduly delay chemical or electrical cardioversion:**
 - ◆ **Infants and Young Children:** apply ice to face without occluding airway.
 - ◆ **Older Children:** Valsalva. Blow through obstructed straw.
 - ▶ Adenosine 0.1 mg/kg IV not to exceed 6 mg (first dose). May repeat once at 0.2 mg/kg not to exceed 12 mg (subsequent dose).
 - ▶ If unstable, synchronized cardioversion 0.5 to 1 J/kg, increase to 2 J/kg if not effective.
- For suspected VT (wide complex >0.09 sec)**
- ▶ If unstable, synchronized cardioversion 0.5 to 1 J/kg