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**SUPRAVENTRICULAR TACHYCARDIA**

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as a patient the treatment standard for EMT-Is and Paramedics within their scope of practice.
- III. PROTOCOL Always a very regular rhythm. Heart rate ranges 140 to 220 (usually 160-180). P waves unseen or abnormal. The QRS complex has normal duration (QRS less than 0.12). Remember that most SVT patients are young, and usually tolerate blood pressures of 80-90 without instability or deterioration. Currently, cardiologists stress rhythm diagnosis of the SVT family over field treatment, and consider electrical cardioversion to be a late intervention, after multiple attempts of antiarrhythmic therapy. Treat only the sickest patients.

**STANDING ORDERS**

<b>ASSESS</b>	CAB.
<b>SECURE AIRWAY</b>	Using the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Consider intubation/perilaryngeal airway. Refer to General Procedures Protocol 554.00.
<b>OXYGEN</b>	Oxygen delivery as appropriate
<b>IV ACCESS</b>	TKO
<b><u>Unstable: Systolic BP less than 90mmHg AND severe chest pain, shortness of breath, decreased level of consciousness, or congestive heart failure</u></b>	
<b>MIDAZOLAM</b>	2.0 mg IV push. Do not delay cardioversion for IV access or sedation if the patient is unconscious.
<b>CARDIOVERT</b>	SYNCHRONIZED at 100 J, 200 J, 300 J, 360 J (or clinically equivalent biphasic energy doses). Reduce power by half for patient taking digitalis. If delays in synchronization occur, and clinical conditions are critical, go to immediate unsynchronized shocks.
<b>REASSESS</b>	Treat as appropriate for rhythm.
<b><u>Borderline: Systolic BP 90 mmHg or greater AND severe chest pain, shortness of breath, decreased level of consciousness, or congestive heart failure</u></b>	
<b>VALSALVA'S MANEUVER</b>	Reassess for conversion
<b>ADENOSINE</b>	6 mg rapid IV push, followed immediately by normal saline flush 12 mg rapid IV push, followed immediately by normal saline flush may be administered as a second dose if necessary.
<b>ASSESS</b>	Ensure QRS width less than 0.12 second