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 Executive Director

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 Medical Director

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TACHYCARDIA WITH PULSES - PEDIATRIC

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMT-Is and EMT-Ps in treating patients.
- III. PROTOCOL:

NOTE: Use standard size 3.5-cm pediatric paddles for cardioversion for children less than 10 kg. These should be placed on the anterior chest in a sternal-apical location. If pediatric paddles are not available use adult paddles placed anterior-posterior on the chest wall.

If the defibrillator does not dial down to the indicated energy level use the lowest setting available.

STANDING ORDERS		
ABC		
OXYGEN		
MONITOR		
IV/IO ACCESS		TKO with microdrip tubing and volume control chamber
Sinus Tachycardia	Supraventricular Tachycardia (SVT)	Ventricular Tachycardia with Pulses
QRS less than 0.08 second	QRS less than 0.08 second	QRS greater than 0.08 second
Heart Rate less than 220 BPM for ages 2 and under	Heart Rate greater than 220 BPM for ages 2 and under	Heart Rate greater than 150 beats per minute
Heart Rate less than 180 BPM for ages 2 and older	Heart Rate less than 180 BPM for ages 2 and older	
CONSIDER	If perfusion is diminished or patient is poorly responsive: Fluid bolus 20 mg/kg IV. SYNCHRONIZED Cardioversion 1 J/kg: if no response, repeat at 2 J/kg. if no response, repeat at 4 J/kg.	
BASE PHYSICIAN ORDERS		
SVT		
VAGAL MANEUVER	Consider if child has normal perfusion. (Vagal maneuver in infants and children under 6 years old is ice water to face. In children over 6 years use Valsalva.)	
ADENOSINE	0.1 mg/kg rapid IV/IO. (Maximum dose 6 mg.) If no change, repeat 0.2 mg/kg IV/IO. (Maximum dose 12 mg.)	
V-TACH		
LIDOCAINE	1 mg/kg IV or 2 mg/kg ET. Repeat every 5 minutes to a total of 3 mg/kg.	