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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 QRS less than 0.08 second Heart Rate less than 220 BPM for ages 2 and under Heart Rate less than 180 BPM for ages 2 and older	Supraventricular Tachycardia (SVT) QRS less than 0.08 second Heart Rate less <u>greater</u> than 220 BPM for ages 2 and under Heart Rate less <u>greater</u> than 180 BPM for ages 2 and older	Ventricular Tachycardia with Pulses QRS greater than 0.08 second Heart Rate greater than 150 beats per minute <u>Atrioventricular Dissociation</u>
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 <u>may be accomplished with</u> ice water to face. In children over 6 years use Valsalva <u>maneuvers</u> .)	
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 <u>IO or 2 mg/kg ET</u> . Repeat every 5 minutes to a total of 3 mg/kg.	