Narrow Complex Tachycardia
A guideline for the care of patients with narrow complex tachycardia of cardiac origin with a ventricular rate greater than 150/minute QRS less than 0.12 seconds. SYNCHRONIZED CARDIOVERSION PRECEDES DRUG THERAPY FOR UNSTABLE PATIENTS.

Unstable patients may be defined as those suffering a narrow complex tachycardia with: significant chest pain, shortness of breath, decreased level of consciousness, hypotension, shock, or pulmonary edema. Adenosine is only used for regular rhythm tachycardia.

Pre-Medical Control
PARAMEDIC
1. Follow the General Pre-Hospital Care Protocol.
2. Identify and treat reversible causes.
3. Determine if patient is stable or unstable.

UNSTABLE
4. For patients that are unstable, cardiovert beginning at 100 J, increasing to 200 J, 300 J, 360 J. (Use manufacturers suggested biphasic energy dose)
5. If time and condition allow prior to cardioversion, sedate per MCA selection.

<table>
<thead>
<tr>
<th>Sedation: (Select Options)</th>
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<td>(Titrate to minimum amount necessary)</td>
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- ✔️ Midazolam 1-5 mg (0.05 mg/kg) IV/IO titrated slowly, may repeat once in 5 minutes to a maximum of 0.1 mg/kg.
- ✔️ Diazepam 5-10 mg (0.1 mg/kg) IV/IO titrated slowly, may repeat every 5 minutes to a maximum of 0.3 mg/kg.
- ✔️ Lorazepam 1-2 mg (0.1 mg/kg, max 4 mg/dose) IV/IO titrated slowly, may repeat every 5 minutes to a maximum of 8 mg.
- ✔️ Fentanyl 50-100 mcg (1 mcg/kg) IV/IO titrated slowly, may repeat every 5 minutes to a maximum of 3 mcg/kg.

STABLE
6. DO NOT USE CAROTID MASSAGE. Have the patient attempt to bear down (a valsalva maneuver).
7. Start an IV NS KVO. A large bore antecubital IV should be secured whenever possible.
8. If the rhythm is regular, administer Adenosine 6 mg rapid IV push through the most proximal injection site. This should be followed immediately with 20 ml NS flush.
9. If conversion does not occur, administer Adenosine 12 mg IV using the same technique as stated above. May repeat Adenosine 12 mg dose once.
10. Contact Medical Control for possible orders.
A guideline for the care of patients with narrow complex tachycardia of cardiac origin with a ventricular rate greater than 150/minute QRS < 0.12 seconds. SYNCHRONIZED PRECEDES DRUG THERAPY FOR UNSTABLE PATIENTS. Unstable patients may be defined as those suffering a narrow complex tachycardia with: significant chest pain, shortness of breath, decreased level of consciousness, hypotension, shock, or pulmonary edema. Adenosine is only used for regular rhythm tachycardia.

Follow General Pre-hospital Care Protocol
Identify and treat reversible causes

STABLE

Unstable with serious signs or symptoms
Related symptoms uncommon if HR less than 150

UNSTABLE

DO NOT USE CAROTID MASSAGE. Have patient bear down to valsalva maneuver
Start an IV NS KVO. A large bore antecubital IV should be secure whenever possible.

Regular Narrow QRS Rhythm?

REGULAR

• Administer Adenosine 6 mg rapid IV push through the most proximal injection site to be followed immediately with 20 ml NS flush
• If conversion does not occur, administer Adenosine 12 mg IV using same technique
• May repeat Adenosine 12 mg dose once

IRREGULAR

Contact Medical Control

Contact Medical Control

Sedation: (Select Options)
(Titrated to minimum amount necessary)

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