PROBABLY SINUS TACH
Infant rate: Usually <220 bpm
Child rate: Usually <180 bpm

Consider cause and initiate specific treatment (see chart)

Probable SVT

Probable Sinus Tach

Probable cause?

Consider vagal maneuvers

Able to establish vascular access?

NO, or Cardio compromise

Synchronized cardioversion 0.5 J/kg to 1 J/kg

Repeat cardioversion 2 J/kg as needed

YES

Adenosine 0.1 mg/kg IV/IO
(maximum first dose 6 mg)
Follow with Normal Saline bolus 2-5 ml
May repeat Adenosine dose
Adenosine 0.2 mg/kg IV/IO
(maximum dose 12 mg)
Follow with Normal Saline bolus 2-5 ml

If Adenosine fails to convert, reevaluate rhythm

Consider cardioversion
Assess pain severity and treat per pain management protocol

Transport and contact Medical Control as appropriate

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