Supraventricular Tachycardia (SVT)

FIELD TREATMENT GUIDELINE C-06

INDICATION	Stable or unstable patient presenting with supraventricular tachycardia (SVT): • Regular heart rate > 150 with QRS < 0.12 seconds as documented in two (2) leads.
BLS	• Follow **General Medical Care M-01**. • Identify and treat underlying cause • **12-Lead ECG BP-03**.

ALS	**STABLE:** Systolic blood pressure above 90 mmHg in the absence of severe chest pain, severe shortness of breath, or acutely altered mental status.
	• Valsalva maneuver.
	• **Adenosine**: *Adult*: 6 mg IV/IO rapid push followed by 10 mL normal rapid saline flush.
	• If no response after two minutes:
	Adult: 12 mg rapid IV push followed by 10 mL normal saline flush.
	UNSTABLE: Systolic blood pressure below 90 mmHg or severe chest pain, severe shortness of breath, or acutely altered mental status.
	• Synchronized Cardioversion:
	  • Consider **Sedation AP-14** if patient is awake and aware.
	  • Initial energy setting: 100J
	  • If no response: 200J
	  • If no response: 300J
	  • If no response: 360J

KEY CONCEPTS	• Rhythm analysis should be based on review of P and QRS waves on printed ECG strip, not monitor screen or computerized readout of 12-lead ECG. • Hypoxia is a common cause of tachycardia. Initial evaluation should focus on determining if oxygenation is adequate.