Pearls
• Most important goal is to differentiate the type of tachycardia and if STABLE or UNSTABLE.
• Unstable is defined by poor perfusion, hypotension, respiratory difficulty and altered mental status.
• If at any point the patient becomes unstable, move to the unstable protocol.
• Early transport is always appropriate in unstable patients.
• Consider presentation and known history. Search for and treat cause(s).
• For ASYMPTOMATIC patients (or those with only minimal symptoms, such as palpitations) and any tachycardia with a rate of < 180 in children and < 220 in infants with a normal blood pressure, consider CLOSE OBSERVATION or fluid bolus rather than immediate treatment with an anti-arrhythmic medication.
• Separating the child from the caregiver may worsen the child’s clinical condition.