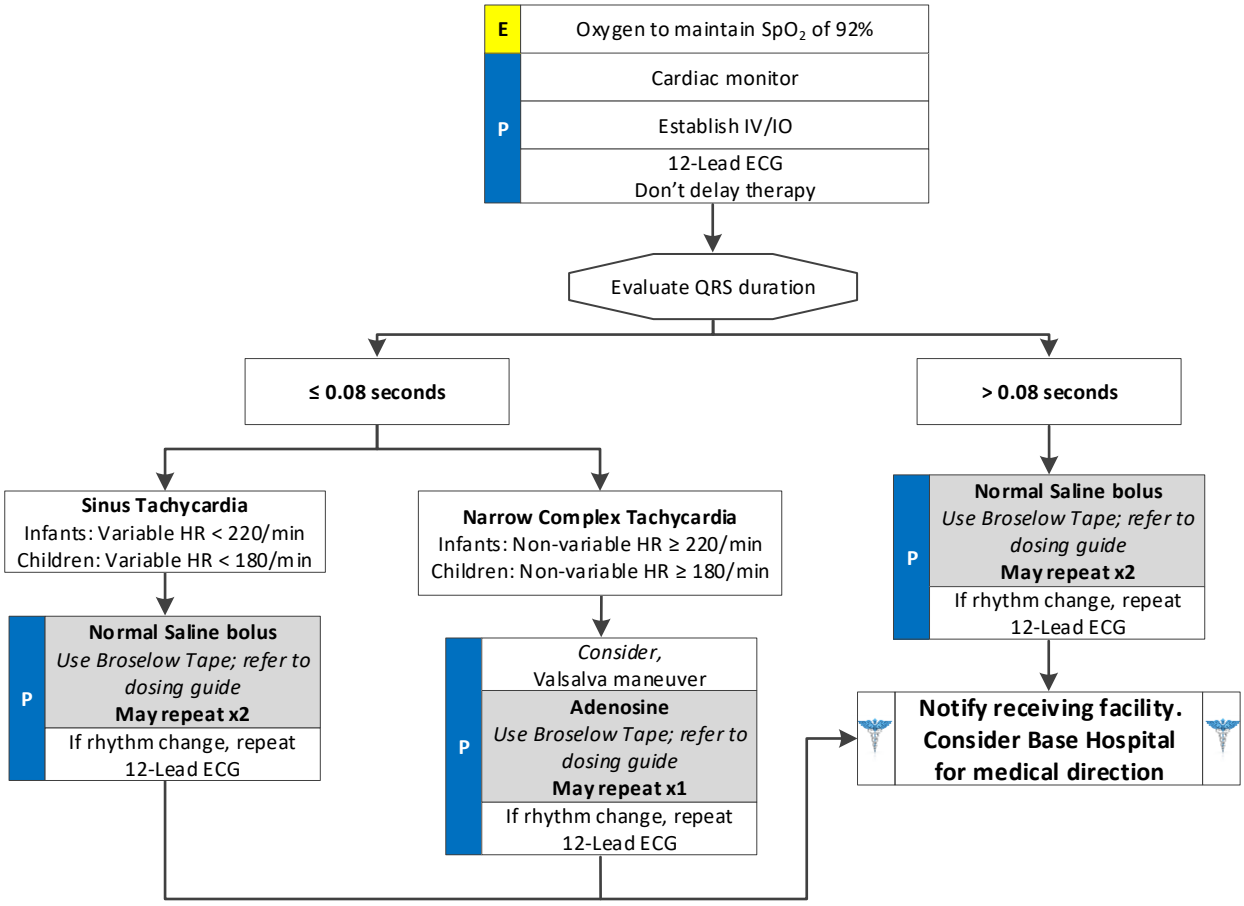
San Mateo County Emergency Medical Services

Pediatric Tachycardia (Stable)

History
- Medications (e.g., Adderall, diet pills, thyroid supplements, decongestants, and Digoxin)
- Diet
- Drugs (e.g., nicotine and illegal drugs)
- Past medical history
- History of palpations/heart racing
- Syncope/near syncope

Signs and Symptoms
- Heart rate > 180 with narrow, regular complexes
- Age dependent hypotension
- Dizziness, chest pain, shortness of breath, altered mental status, or diaphoresis
- Acute Pulmonary Edema
- Potential presenting rhythm:
  - Atrial/sinus tachycardia
  - Atrial fibrillation/flutter
  - Multifocal atrial tachycardia
  - Ventricular tachycardia

Differential
- Heart disease (e.g., WPW or valvular)
- Sick sinus syndrome
- Myocardial infarction
- Electrolyte imbalance
- Exertion, pain, or emotional stress
- Fever
- Hypoxia
- Hypovolemia or anemia
- Drug effect/overdose (see **History**)
- Hypothyroidism
- Pulmonary embolus



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.