**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 ASYMMPTOMATIC 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.