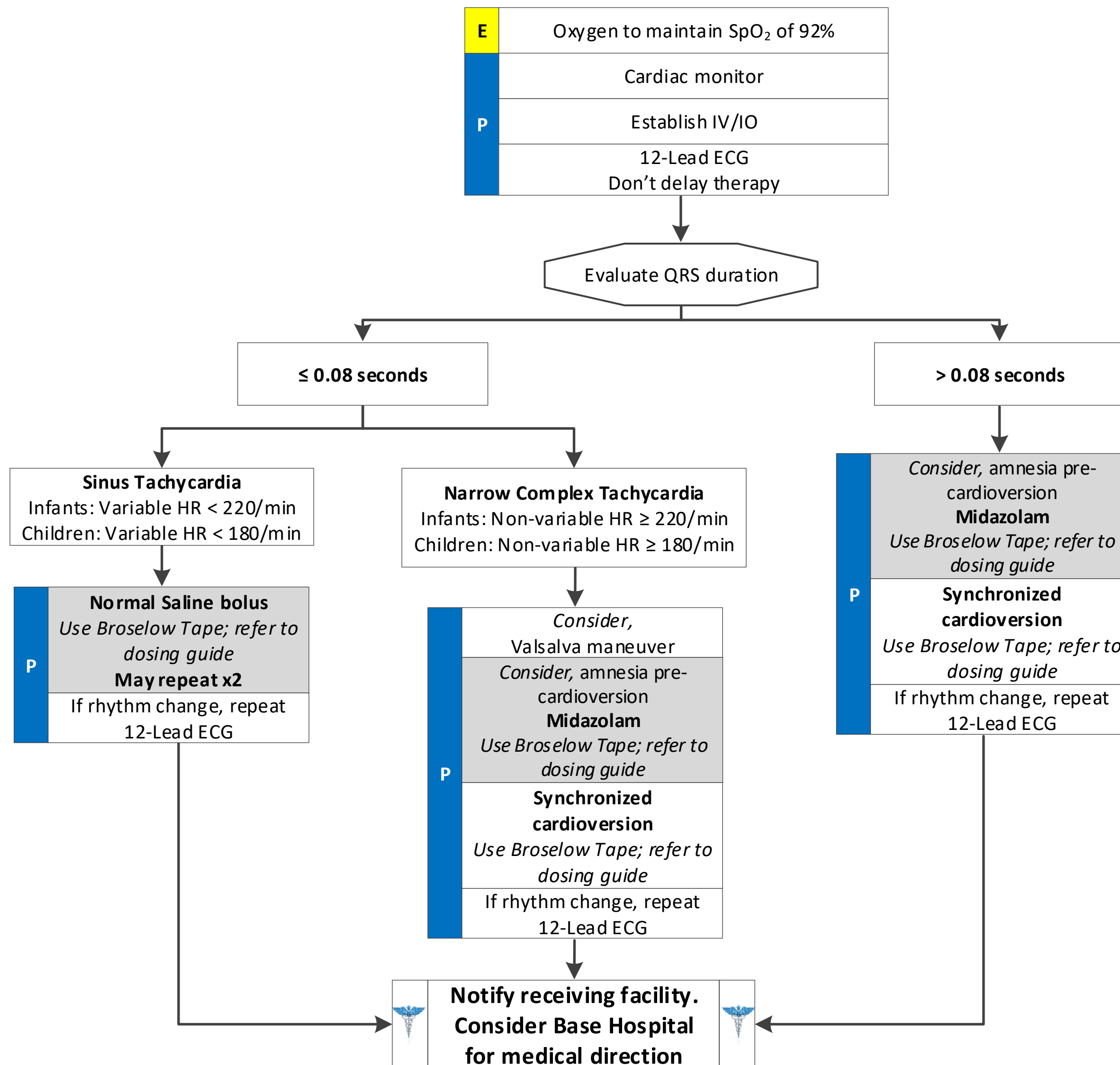
# Pediatric Tachycardia (Unstable)

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

**Signs and Symptoms**
- Heart rate > 150
- Systolic BP < 90
- 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




Pediatric Cardiac Dysrhythmia Treatment Protocols

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**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.
- Early transport is always appropriate in unstable patients.
- Consider presentation and known history. Search for and treat cause(s).
- Separating the child from the caregiver may worsen the child's clinical condition.
- Pediatric pads should be used in children < 10kg or Broselow measurement of Purple.
- Monitor for respiratory depression and associated hypotension associated if Midazolam is used.