**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

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**Pediatric Cardiac Dysthythmia Treatment Protocols**

1. **Oxygen** to maintain SpO₂ of 92%
2. **Cardiac monitor**
3. **Establish IV/IO**
4. 12-Lead ECG
5. Don't delay therapy
6. Evaluate QRS duration
7. **≤ 0.08 seconds**
   - **Sinus Tachycardia**
     - Infants: Variable HR < 220/min
     - Children: Variable HR < 180/min
   - **Normal Saline bolus**
     - Use Broselow Tape; refer to dosing guide
     - May repeat x²
   - If rhythm change, repeat 12-Lead ECG
8. **> 0.08 seconds**
   - **Narrow Complex Tachycardia**
     - Infants: Non-variable HR ≥ 220/min
     - Children: Non-variable HR ≥ 180/min
   - **Consider, Valsalva maneuver**
   - **Consider, amnesia pre-cardioversion**
     - **Midazolam**
     - Use Broselow Tape; refer to dosing guide
   - **Synchronized cardioversion**
     - Use Broselow Tape; refer to dosing guide
   - If rhythm change, repeat 12-Lead ECG

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**Notify receiving facility.**
Consider Base Hospital for medical direction.
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.