



# EMSA-Intermediate Treatment Protocol 5208

## Dysrhythmia with a Pulse SVT (Narrow Complex)

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Supraventricular tachycardia is usually a narrow complex rhythm with a rate >150. This includes paroxysmal supraventricular tachycardia (PSVT) and atrial fibrillation/atrial flutter with rapid ventricular response. For the purposes of this protocol, treatment will be based on assessment of patient's blood pressure and mental status. Cardioversion will be performed in the field only if the patient has a systolic blood pressure <90 **and** a decreased level of consciousness. This protocol does not apply to sinus tachycardia associated with hypovolemia or other identifiable causes.

A. Perform **MAMP Protocol 5201**.

B. Assess level of consciousness and blood pressure.

C. As soon as rhythm is identified and patient is found to have a systolic blood pressure <90 and a significantly decreased level of consciousness, **contact MCP** and proceed to Section "F" below and prepare for immediate cardioversion. Do not delay cardioversion to establish IV.



D. If patient's systolic BP >90 then Contact Medical Command.

1. Vagal maneuvers; i.e., valsalva to increase intra-thoracic pressure.
2. If no conversion, administer adenosine 6 mg rapid IV push followed by immediate 20 ml flush of normal saline **per order of MCP**. Reassess vital signs.
3. If no conversion after 1 to 2 minutes, **consult with MCP** for further orders to administer adenosine 12 mg rapid IV push followed by immediate 20 ml flush of normal saline. Reassess vital signs.
4. If no conversion after 1 to 2 minutes, **consult with MCP** for further orders to administer adenosine 12 mg rapid IV push followed by immediate 20 ml flush of normal saline. Reassess vital signs.



5. If no conversion after 3<sup>rd</sup> dose of adenosine, **consult MCP** for further treatment orders and prepare to transport.





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E. If systolic BP <90 **and** patient is awake and alert:

1. Perform vagal maneuvers.

2. Expedite transport and **consult Medical Command** for further treatment orders.



3. Monitor vital signs and mental status closely for changes.

4. If ordered **by MCP**, administer adenosine 6 mg rapid IV push followed by immediate 20 ml flush of normal saline. Reassess vital signs.



5. Further treatment **per order of MCP**.

F. If systolic BP <90 **and** patient has significantly decreased level of consciousness, contact Medical Command to proceed with:

1. Synchronized cardioversion at 100 joules or equivalent biphasic charge.

2. If no conversion, repeat synchronized cardioversion at 200 joules or equivalent biphasic charge, **per order of MCP**.

3. If no conversion, synchronized cardioversion at 300 joules or equivalent biphasic charge, **per order of MCP**.

4. If no conversion, synchronized cardioversion at 360 joules or equivalent biphasic charge, **per order of MCP**.

5. If no conversion, expedite transport and **contact MCP** for further orders and consider administration of adenosine as outlined in "D" above **per MCP order**.





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G. If conversion occurs:

1. Monitor vital signs and treat new rhythm per Medical Command and per appropriate protocol.
2. Transport and contact Medical Command.



### Special Note:

1. If at anytime patient no longer has a carotid pulse, refer immediately to appropriate **cardiac arrest protocol**.