



Tachycardia – Adult With Pulse

Assess appropriateness for clinical condition.
Heart rate typically ≥ 150 /min if tachyarrhythmia.

Identify and treat underlying cause

NARROW

**WIDE QRS?
 ≥ 0.12 second**

Stable

Unstable

Stable

IV access and 12- lead ECG if available

Vagal maneuvers

Adenosine IV

- 6 mg rapid IV push; follow with NS flush
- Second dose 12 mg if needed may repeat x 1

Diltiazem IV/IO

- Bolus 0.25 mg/kg IV/IO (Max 20mg)
- Start infusion at 5 mg/hr titrate to max 15 mg/hr
- If target heart rate not achieved in 15 min, bolus 0.35 mg/kg IV/IO (Max 25mg) and increase infusion to 15mg/hr

OR

Metoprolol IV/IO

- 5 mg IV Q5 to 15 min
- Maximum 15 mg

Synchronized Cardioversion 200 J

- IV access and 12-lead ECG if available
- Consider adenosine only if regular and monomorphic
- Torsades de pointes 2g Magnesium IV/IO over 15 min. Repeat x1 PRN if no response or TdP recurs.

Amiodarone IV Dose:

- 150 mg over 10 minutes
- Repeat as needed if VT recurs
- Follow by maintenance infusion of 1 mg/min for first 6 hrs

STABLE

Asymptomatic, despite persistent tachyarrhythmia

UNSTABLE

Persistent tachyarrhythmia causing:

- Hypotension
- Acutely altered mental status
- Signs of shock
- Ischemic chest discomfort
- Acute heart failure

Underlying causes:

- Anxiety/pain
- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypo-/hyperkalemia
- Hypoglycemia
- Hypothermia
- Medications
- Toxins
- Tamponade
- Tension pneumothorax
- Thrombosis
- Trauma

This guideline does not substitute for sound clinical judgment.

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