

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 530.37
Subject	Paramedic Treatment Protocols PEDIATRIC TACHYCARDIA WITH PULSES	Page 1 of 2
References	Title 22, Division 9, Chapter 4 of the California Code of Regulations	Effective Fresno County: 01/15/82 Kings County: 04/10/89 Madera County: 06/15/85 Tulare County: 04/19/05

STANDING ORDERS		
1. Airway	Protect with position, pharyngeal airway, advanced airway if indicated, assist respirations as needed, suction as needed.	
2. Oxygen	100% by non-rebreather mask or blow-by.	
3. IV/IO Access	LR TKO/Pediatric tubing with Volutrol.	
4. Reassess	Signs of poor perfusion – patients must demonstrate one or more of the following: Delayed capillary refill, diminished distal pulses, cool extremities, altered level of consciousness.	
Sinus Tachycardia	Supraventricular Tachycardia (SVT)	Ventricular Tachycardia with Pulses
(QRS less than 0.08 seconds) Heart rate less than 220 for ages less than 2. Heart rate less than 180 for ages 2 and greater 1. Transport – IV enroute, notify hospital of ETA. 2. Consider – Fluid Bolus at 20 ml/kg. 3. Contact Hospital – Per EMS Policy #530.02.	A. Unstable (as stated above): (QRS less than 0.08 seconds) Heart rate equal or greater than 220 for ages less than 2. Heart rate equal or greater than 180 for ages 2 and greater. 1. Midazolam – 0.1 mg/kg IV/IO/IN for sedation, if cardioversion. 2. Fentanyl – 1 mcg/kg IV/IO/IN 3. Consider – Synchronized Cardioversion at 0.5 joules/kg, or biphasic equivalent. If no response, repeat at 1 joules/kg. If no response, repeat at 2 joules/kg or biphasic equivalent. If no response, repeat at 4 joules/kg or biphasic equivalent. 4. Transport 5. Reassess 6. Contact Hospital – Per EMS Policy #530.02.	A. Unstable (as stated above): (QRS greater than 0.08 seconds). Heart rate greater than 150 beats per minute. 1. Midazolam – 0.1 mg/kg IV/IO/IN for sedation, if cardioversion. 2. Fentanyl – 1 mcg/kg IV/IO/IN 3. Synchronized Cardioversion at 1 joule/kg or biphasic equivalent. If no response, repeat at 2 joules/kg or biphasic equivalent. If no response, repeat at 4 joules/kg or biphasic equivalent. 4. Amiodarone IV/IO 5 mg/kg (Max of 300 mg total) Repeat in 5 minutes to (Max of 300 mg total)

STANDING ORDERS – CONTINUED ON NEXT PAGE

Approved By	Revision
EMS Division Manager	05/01/2014
EMS Medical Director	
Signatures on File at EMS Agency	
Signatures on File at EMS Agency	

Subject	Paramedic Treatment Protocols – Pediatric Tachycardia with Pulses	Policy Number 530.37
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STANDING ORDERS (CONTINUED)		
Sinus Tachycardia (Continued)	Supraventricular Tachycardia (SVT) (Continued)	Ventricular Tachycardia with Pulses (Continued)
	B. Stable or Borderline: SVT greater than 220, no signs/symptoms of poor perfusion: - IV LR TKO/Pediatric tubing with Volutrol, peripheral line. If unsuccessful, contact Base. - Contact Hospital – Per EMS Policy #530.02.	- Transport - Reassess – Contact Hospital – Per EMS Policy #530.02. B. Stable or Borderline: V-Tach with pulses greater than 150, no signs/symptoms of poor perfusion: - IV LR TKO/Pediatric tubing with Volutrol, peripheral line. If unsuccessful contact Base. - Transport - Amiodarone IV 5 mg/kg (Max of 300 mg total) Repeat in 5 minutes to (Max of 300 mg total)

BASE HOSPITAL ORDERS	
SUPRAVENTRICULAR TACHYCARDIA (SVT)	
1. Vagal Maneuvers	Consider if child has normal perfusion.
2. Adenosine	0.1 mg/kg rapid IV push. Maximum dose 6 mg. If no change, repeat in 3 minutes at 0.2 mg/kg IV push. Maximum total dose 12 mg. Flush all doses with 10 cc NS. May give in radio failure if ETA to hospital is greater than 15 minutes.