

# ADULT NARROW COMPLEX TACHYCARDIA STANDING ORDER

## Initiate Immediate Supportive Care:

- Cardiac monitor & pulse oximetry
- O2 to maintain saturation >94%
- 12 Lead ECG
- IV/IO

## INCLUSION

Narrow complex tachycardia (<0.12 sec) with HR >130

With serious signs and symptoms:

**Hypotension, AMS, signs of shock/poor perfusion, acute CHF, chest pain with evidence of ischemia (ST elevation, T wave inversion, or ST depressions)**

## EXCLUSION

Asymptomatic

Pulseless: Follow Cardiac Arrest SO

Fever: Follow Sepsis SO

Sinus tachycardia

Stable blood pressure with serious signs or symptoms above

Unstable / prearrest (no radial pulse)  
HR usually > 150

### Orders

Regular rhythm (Consider SVT)

1. Vagal maneuvers (valsalva)
2. **Adenosine 6 mg IV/IO rapid push**
3. **Adenosine second dose at 12 mg IV/IO x 1 rapid push**
4. If no sustained rhythm change – **Diltiazem 10 mg slow IV/IO push over 2-3 minutes.**
5. After 5 minutes, if SBP >100, **may repeat 10 mg slow IV/IO push over 2-3 minutes. (Max diltiazem 20 mg) \***

**Irregular rhythm (atrial fibrillation/flutter) with serious signs/symptoms**

1. **Diltiazem 10 mg slow IV/IO push over 2-3 minutes.**  
After 5 minutes, if SBP >100, **may repeat 10 mg slow IV/IO push over 2-3 minutes. (Max diltiazem 20 mg) \***

\*No rhythm change: Contact Medical Direction and Notify Receiving Facility

### Orders

**Synchronized Cardioversion**  
**120 Joules**

May repeat at 200 Joules

Consider sedation pre-shock If blood pressure allows:

**Midazolam 2.5 mg IV/IO**  
or **5 mg IM**

No rhythm change: Contact Medical Direction and Notify Receiving Facility

Sinus rhythm or rate < 110

- 12 Lead ECG
- Notify Receiving Facility