AHA ACLS Adult Tachycardia Algorithm

(With A Pulse)

Tachyarrhythmia typically seen when the heart rate is ≥ 150/min
Is the tachyarrhythmia causing the symptoms?

The priority should be to identify and treat the underlying cause
- Maintain patent airway; assist breathing if necessary
- Apply oxygen (if hypoxemic); monitor pulse oximetry
- Apply cardiac monitor; monitor blood pressure

Is the Tachyarrhythmia causing:
- Hypotension?
- Altered mental status?
- Signs of shock?
- Ischemic chest discomfort?
- Acute heart failure?

Yes

Synchronized Cardioversion
- Consider sedation
- May use adenosine for regular narrow complex tachyarrhythmia

No

Is the QRS Wide ≥ 0.12 second

Yes

Synchronized Cardioversion Doses
- Initial recommended doses:
  - Narrow regular: 50-100 J
  - Narrow irregular: 120-200 biphasic or 200 J Monophasic
  - Wide regular: 100J
  - Wide irregular: defibrillation dose (not synchronized)

Adenosine IV Dose:
- First dose 6mg rapid IV push and NS flush
- Second dose: 12 mg if needed

No

Antiarrhythmics that may be considered
- Amiodarone
- Procainamide
- Sotalol

- Start IV and 12 lead ECG if possible
- May use adenosine only if regular and monomorphic
- Consider antiarrhythmic infusion
- Consider expert consultation

• Start IV and obtain 12-lead ECG if possible
• Vagal Maneuvers
• Adenosine (if rate is regular)
• β-Blocker or calcium channel blocker
• Consider expert consultation

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