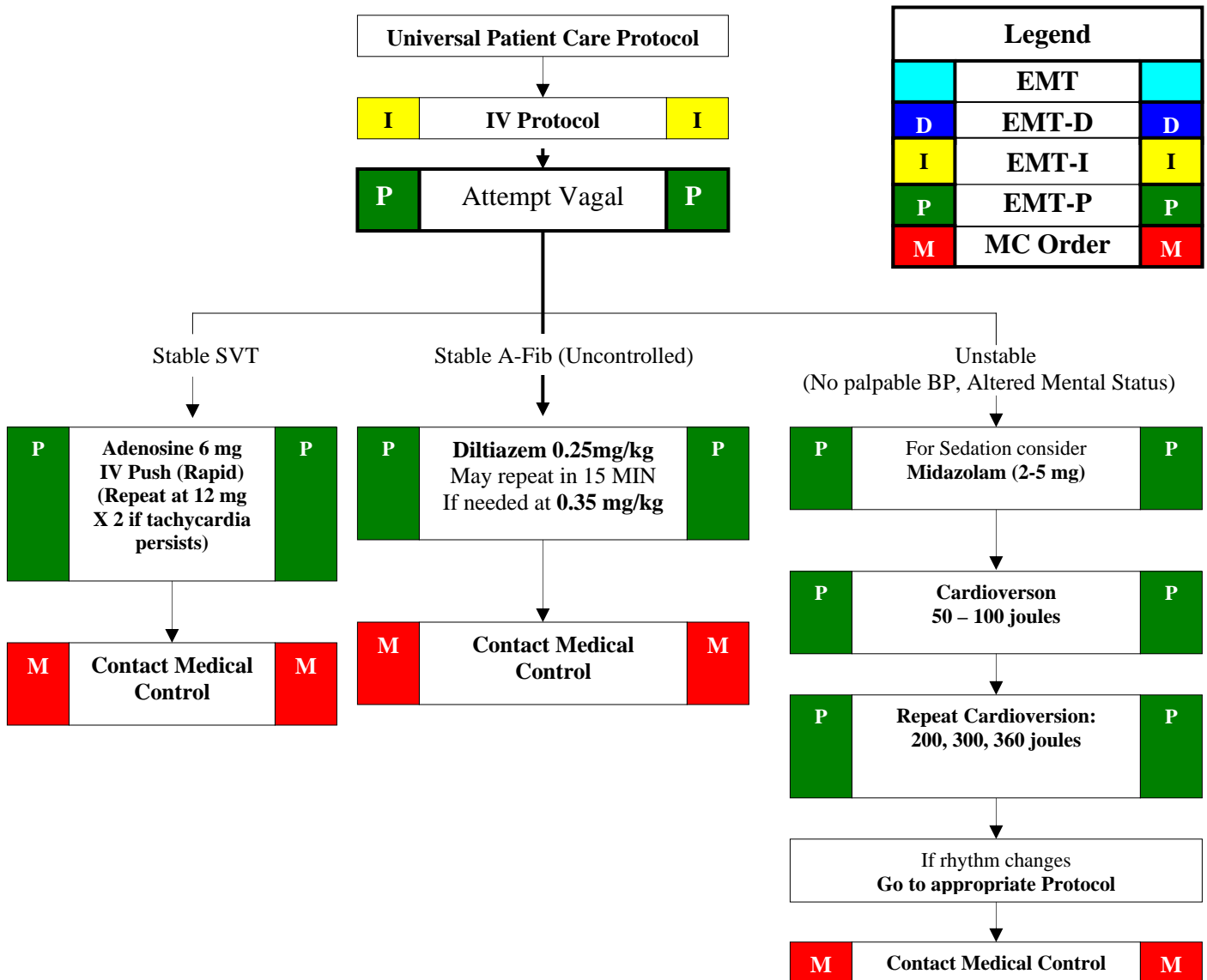




Supraventricular Tachycardia

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|--|--|--|
| <p>History:</p> <ul style="list-style-type: none"> • Medications (Aminophylline, Diet Pills, Thyroid supplements, Decongestants, Digoxin) • Diet (caffeine, chocolate) • Drugs (nicotine, cocaine) • Past medical history • History of palpitations / heart racing • Syncope / near syncope | <p>Signs and Symptoms:</p> <ul style="list-style-type: none"> • <u>HR > 150 / min</u> • <u>QRS < .12 sec</u> • Dizziness, CP, SOB • Potential presenting rhythm Sinus tachycardia Atrial Fibrillation / flutter Multifocal atrial tachycardia | <p>Differential:</p> <ul style="list-style-type: none"> • Heart disease (WPW, Valvular) • Sick sinus syndrome • Myocardial infarction • Electrolyte imbalance • Exertion, Pain, Emotional Stress • Fever • Hypoxia • Hypovolemia or anemia • Drug effect / overdose (see Hx) • Hyperthyroidism • Pulmonary embolus |
|--|--|--|



| Legend | | |
|--------|----------|---|
| | EMT | |
| D | EMT-D | D |
| I | EMT-I | I |
| P | EMT-P | P |
| M | MC Order | M |

Pearls:

- Exam: Mental Status, Skin, Neck, Lung, Heart, Abdomen, Back, Extremities, Neuro
- Adenosine may not be effective in identifiable atrial flutter/fibrillation, yet is not harmful.
- Monitor for hypotension after administration of Diltiazem.
- Continuous pulse oximetry is required for all SVT patients.
- Document all rhythm changes with monitor strips and obtain monitor strips with each therapeutic intervention.