TACHYCARDIA

EUROPEAN RESUSCITATION COUNCIL
GUIDELINES 2021

ASSESS with ABCDE approach
- Give oxygen if SpO_2 < 94% and obtain IV access
- Monitor ECG, BP, SpO_2. Record 12 lead ECG
- Identify and treat reversible causes (e.g. electrolyte abnormalities, hypovolaemia)

Life-threatening features?
1. Shock
2. Syncope
3. Myocardial ischaemia
4. Severe heart failure

YES →

Synchronised shock up to 3 attempts
- Sedation OR anaesthesia if conscious

If unsuccessful:
- Amiodarone 300 mg IV over 10-20 min, or procainamide 10-15 mg/kg over 20 min;
- Repeat synchronised shock

UNSTABLE

NO ↓

STABLE
SEEK EXPERT HELP

Is QRS narrow (<0.12 S)

Broad QRS
Is rhythm regular?

Irregular

- Treat as narrow complex if AF with bundle branch block
- Give 2g Magnesium over 10-minutes if torsades de pointes

Regular

Vagal manoeuvres

If ineffective

Adenosine (if no pre-excitation)
- 6 mg rapid IV bolus;
- If unsuccessful give 12 mg
- If unsuccessful give IV 18 mg
- Monitor ECG continuously

If ineffective

Broad QRS?
Procainamide 10-15 mg/kg IV over 20 min, ***or***
Amiodarone 300 mg IV over 10-60 min

Narrow QRS?
Verapamil, diltiazem, ***or***
beta-blocker

If ineffective

Synchronised shock up to 3 attempts

Narrow QRS
Is rhythm regular?

Irregular

Probable atrial fibrillation:
- Control rate with beta-blocker or diltiazem
- Consider digoxin or amiodarone if evidence of heart failure
- Anticoagulate if duration > 48h