**TACHYCARDIA**

**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 causing sinus tachycardia)

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

**Synchronised shock up to 3 attempts**
- Sedation, anaesthesia if conscious
- Amiodarone 300 mg IV over 10-20 min, or procainamide 10-15 mg/kg IV over 20 min;
- Repeat synchronised shock

---

**Is QRS narrow (<0.12 s)?**

**Broad QRS**

**Irregular**
- Possibilities include:
  - Atrial fibrillation with bundle branch block – treat as for irregular narrow complex
  - Polymorphic VT (e.g. torsades de pointes) – give magnesium 2 g over 10 min

**Regular**
- If VT (or uncertain rhythm):
  - Procainamide 10-15 mg/kg IV over 20 min
  - Amiodarone 300 mg IV over 10-60 min

**Narrow QRS**

**Is QRS 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

**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

**If VT (or uncertain rhythm):**
- Treat as for regular narrow complex tachycardia

**If previous certain diagnosis of SVT with bundle branch block/aberrant conduction:**
- Treat as for regular narrow complex tachycardia

**If ineffective:**
- Synchronised DC shock up to 3 attempts
- Sedation, anaesthesia if conscious

---

**If ineffective:**
- Verapamil or beta-blocker

---

**UNSTABLE**

**STABLE**

SEEK EXPERT HELP