

History

- 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

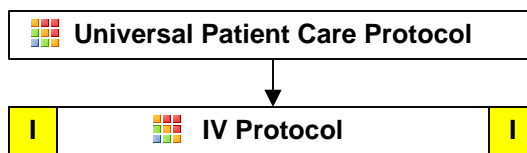
Signs and Symptoms

- HR > 150/Min
- **QRS < .12 Sec (if QRS > .12 sec, go to V-Tach Protocol)**
- **If history of WPW, go to V-Tach Protocol**
- Dizziness, CP, SOB
- Potential presenting rhythm
 - Atrial/Sinus tachycardia
 - Atrial fibrillation / flutter
 - Multifocal atrial tachycardia

Differential

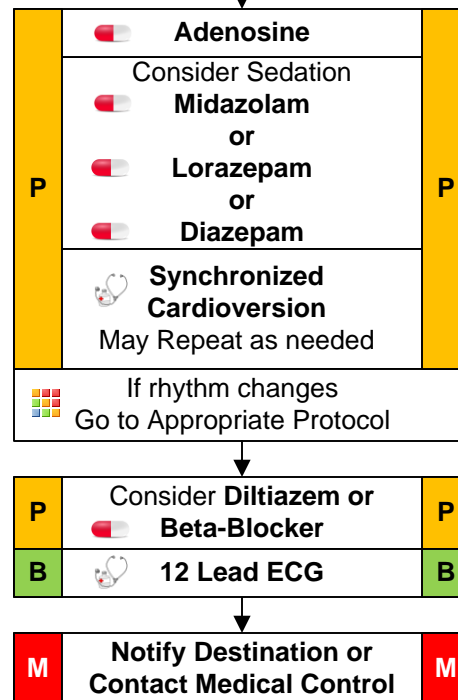
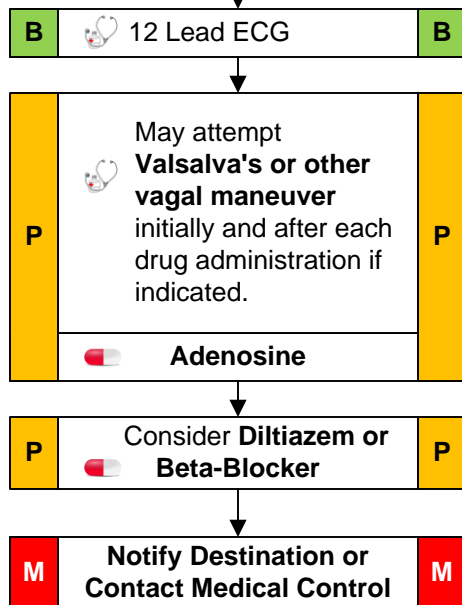
- Heart disease (WPW, Valvular)
- Sick sinus syndrome
- Myocardial infarction
- Electrolyte imbalance
- Exertion, Pain, Emotional stress
- Fever
- Hypoxia
- Hypovolemia or Anemia
- Drug effect / Overdose (see HX)
- Hyperthyroidism
- Pulmonary embolus

Legend		
	MR	
B	EMT	B
I	EMT- I	I
P	EMT- P	P
M	Medical Control	M



Stable

Pre-arrest
(No palpable BP,
Altered mental status)



Medical Protocols

Pearls

- **Recommended Exam: Mental Status, Skin, Neck, Lung, Heart, Abdomen, Back, Extremities, Neuro**
- If patient has history or 12 Lead ECG reveals Wolfe Parkinson White (WPW), DO NOT administer a Calcium Channel Blocker (e.g., Diltiazem) or Beta Blockers.
- Adenosine may not be effective in identifiable atrial flutter/fibrillation, yet is not harmful.
- Monitor for hypotension after administration of Calcium Channel Blocker or Beta Blockers.
- Monitor for respiratory depression and hypotension associated with Midazolam.
- Continuous pulse oximetry is required for all SVT Patients.
- Document all rhythm changes with monitor strips and obtain monitor strips with each therapeutic intervention.