Management of Paediatric SupraVentricular Tachycardia

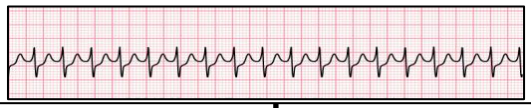
Kids' Intensive Care and Decision Support 0300 200 1100

A B C D E approach

- Secure Airway – High Flow O_2
- BP, SpO_2, 3 lead ECG monitoring
- Baseline 12 lead ECG
- IV access – blood gas – check electrolytes (K^+, Na^+, Ca^{++}, Mg^{++})
- Discuss with Paediatric Cardiology in BCH (0121 333 9999)

CONFIRMED SVT?

- HR >200/min
- Absent P-waves
- Regular, narrow QRS complex, no beat-beat variability



SIGNS OF INSTABILITY?

- Hypotension
- Confusion / Loss of consciousness
- Chest Pain

STABLE

Consider vagal manoeuvres

ADENOSINE

- 100 microg/kg (max 3mg) IV
  WAIT 2 MINS
- 200 microg/kg (max 6mg) IV
  WAIT 2 MINS
- 300 microg/kg (max 12mg)

IF FAILED, DISCUSS WITH BCH CARDIOLOGY.

UNSTABLE

Contact local ITU/Anaesthetics URGENTLY
Call KIDS consultant 0300 200 1100

If hypotensive:

- IV fluid challenge (max 30 mls/kg),
- cautious use of inotropes

If impending cardiorespiratory collapse:

- Sedate (ketamine), muscle relax and intubate

Synchronised DC cardioversion

- 1st attempt: 1 J/kg
- If failed – 2 J/kg
- Final attempt 2 J/kg

REDISCUSS WITH CARDIOLOGY AND KIDS TEAM
PREPARE TO DELIVER CPR

POTENTIAL FURTHER OPTIONS UPON AGREEMENT WITH KIDS / BCH CARDIOLOGY:

- Adenosine 400-500mcg/kg
- Amiodarone loading (requires central line, likely intubation and ventilation. **Risk of hypotension!**)
- 1-2 J/kg synchronised DC cardioversion (requires sedation)

V 1.2 N. Tiwari, B Fule 13 September 2016 Review by: December 2019