

FORSYTH COUNTY EMS MEDICAL PROTOCOLS

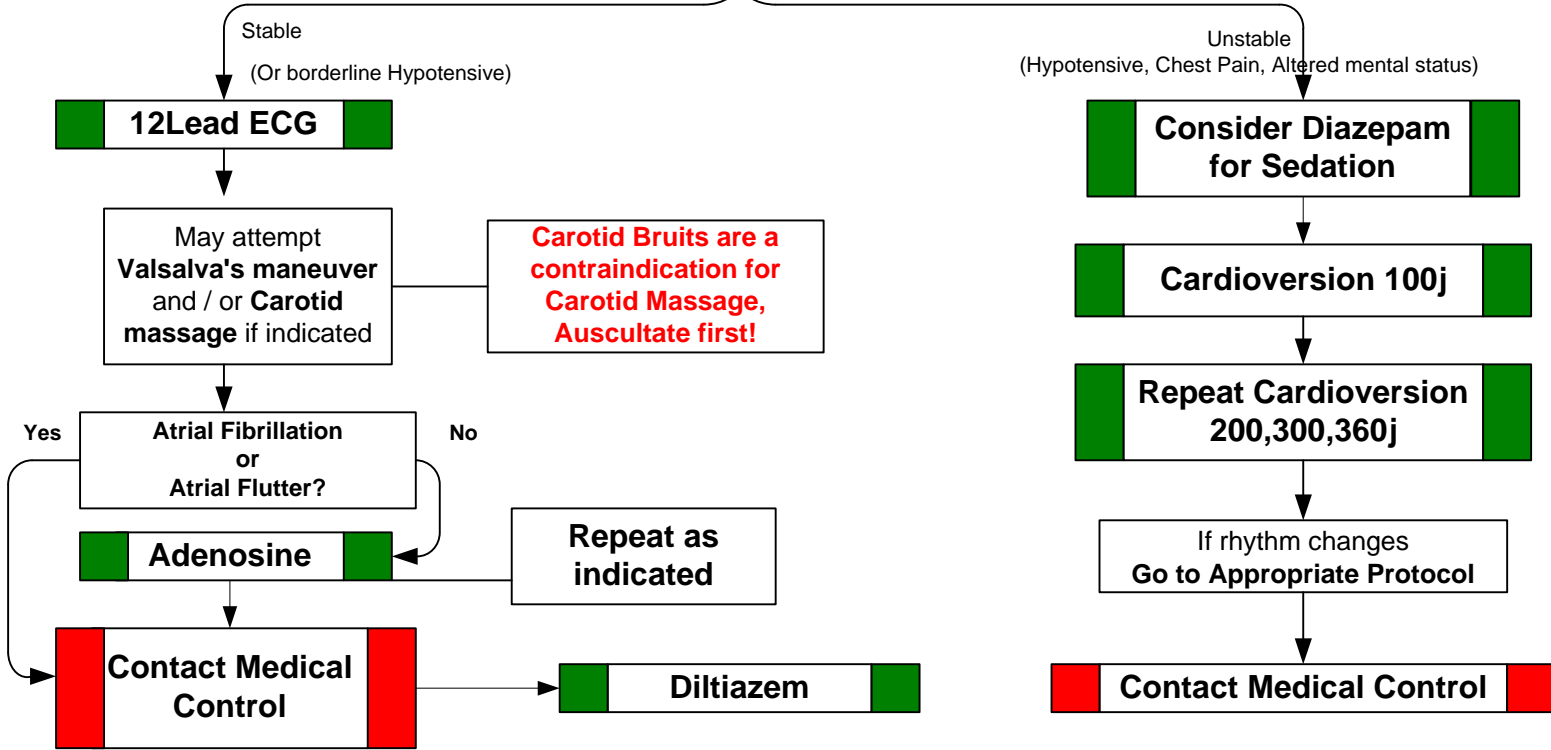
Supraventricular Tachycardia

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 * Dizziness, CP, SOB * Potential presenting rhythm Sinus tachycardia Atrial fibrillation / flutter Multifocal atrial tachycardia * Palpitations	Differential: * Heart disease (WPW, Valvular) * Sick sinus syndrome * Myocardial infarction * Electrolyte imbalance * Exertion, Pain, Emotional stress * Fever * Hypoxia * Hypovolemia or Anemia * Drug effect / Overdose * Hyperthyroidism * Pulmonary embolus
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Universal Patient Care Protocol

IV Protocol

Legend		
	MR / EMT	
	Expanded Scope EMT	
	EMT-I	
	EMT-P	
	Medical Control	



Pearls:

- * Exam: Mental Status, Skin, Neck, Lungs, Heart, Abdomen, Back, Extremities, Neuro
- * A brief trial of Adenosine may be attempted in an unstable patient.
- * 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.

Approved by: _____
 R.L. Alson, M.D.
 June, 2006