

FORSYTH COUNTY EMS Pediatric and OB Protocols

Pediatric Supraventricular Tachycardia

History:

- * Past medical history
- * Medications or Toxic Ingestion
- * Drugs (nicotine, cocaine)
- * Congenital heart disease
- * Respiratory Distress
- * Syncope or Near Syncope

Signs and Symptoms:

- * Heart Rate: Child > 180/bpm
Infant > 220/bpm
- * Pale or Cyanosis
- * Diaphoresis
- * Tachypnea
- * Vomiting
- * Hypotension
- * Altered level of consciousness
- * Pulmonary Congestion
- * Syncope

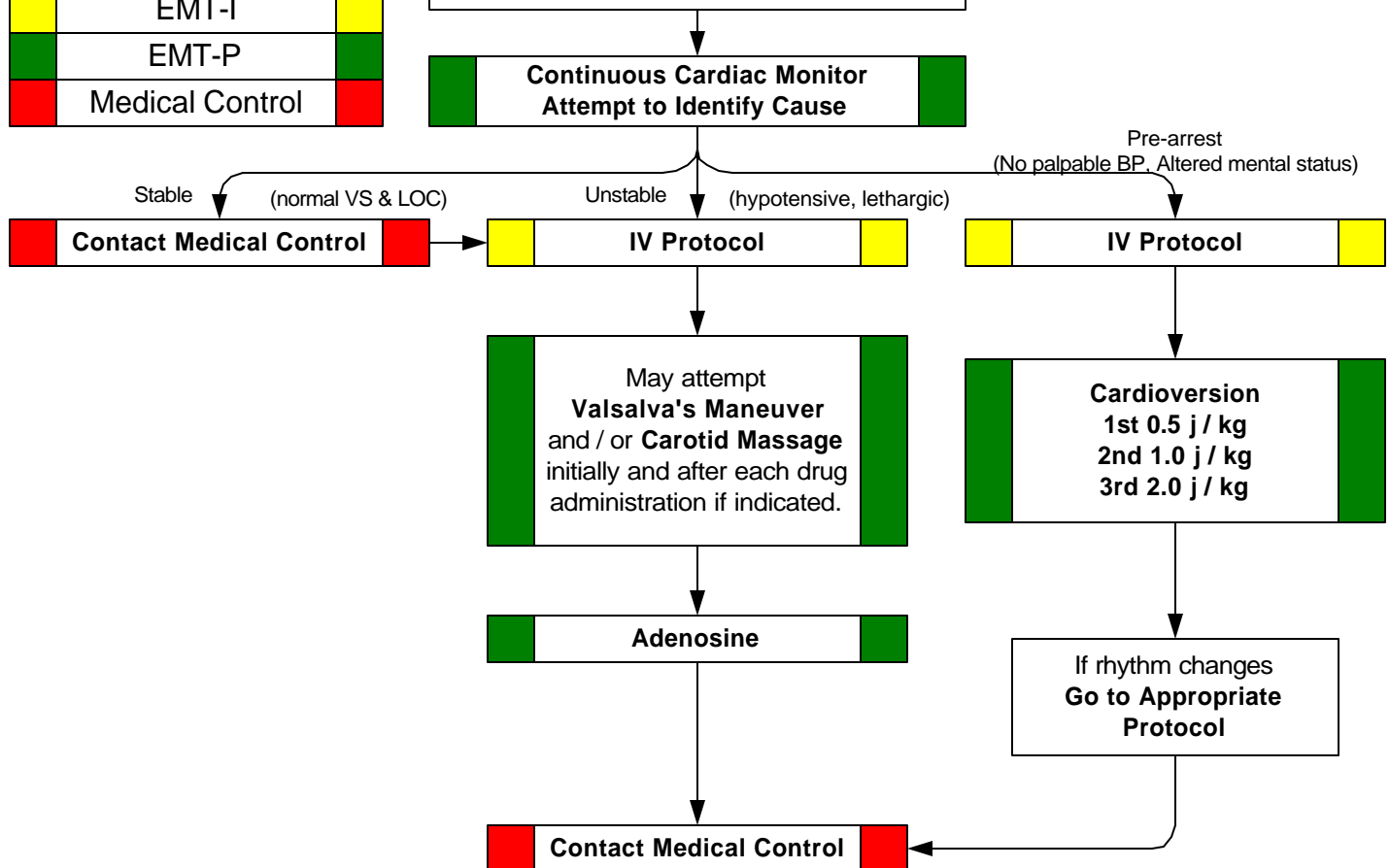
Differential:

- * Hypoxia
- * Hypovolemia or Anemia
- * Fever / Infection / Sepsis
- * Anxiety / Pain / Emotional stress
- * Congenital heart disease
- * Hypo / Hyperthermia
- * Electrolyte embalance
- * Hypoglycemia
- * Trauma
- * Tension pneumothorax

Legend

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

Universal Patient Care Protocol



Pearls:

- * **Exam: Mental Status, Skin, Neck, Lungs, Heart, Abdomen, Back, Extremities, Neuro**
- * Carefully evaluate the rhythm to distinguish Sinus Tachycardia, Supraventricular Tachycardia, and Ventricular Tachycardia.
- * Separating the child from the caregiver may worsen the child's clinical condition.
- * Monitor for respiratory depression and associated hypotension if diazepam is used.
- * Continuous pulse oximetry is required for all SVT patients if available.
- * Document all rhythm changes with monitor strips and obtain monitor strips with each therapeutic intervention.

Approved by: _____

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