# **TACHYCARDIA**

• Give oxygen if SpO<sub>2</sub> < 94% and obtain IV access

(e.g. electrolyte abnormalities, hypovolaemia

• Monitor ECG, BP, SpO<sub>2</sub>. Record 12 lead ECG

**ASSESS with ABCDE approach** 

• Identify and treat reversible causes

# RESUSCITATION COUNCIL

**GUIDELINES** 

**UNSTABLE** 

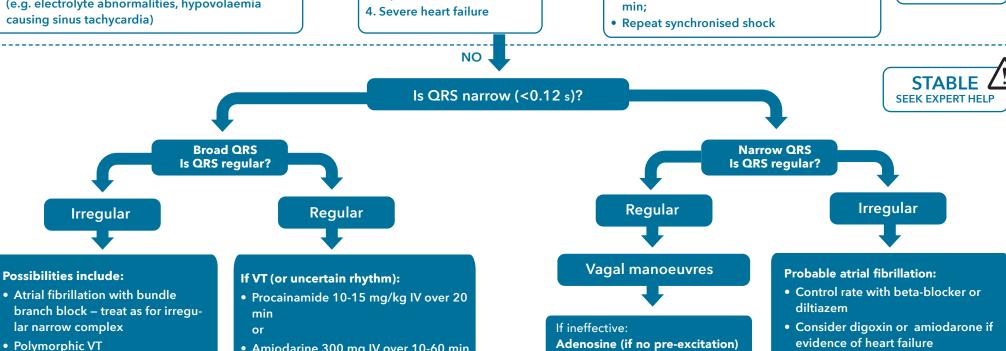
• Anticoagulate if duration > 48h

### Life-threatening features?

- 1. Shock
- 2. Syncope
- 3. Myocardial ischaemia
- 4. Severe heart failure

## Synchronised shock up to 3 attempts • Sedation, anaesthesia if conscious

If unsuccessful: • Amiodarone 300 mg IV over 10-20 min, or procainamide 10-15 mg/kg IV over 20



YES

- (e.g. torsades de pointes) give magnesium 2 g over 10 min
- Amiodarine 300 mg IV over 10-60 min

### If previous certain diagnosis of SVT with bundle branch block/ aberrant conduction:

• Treat as for regular narrow complex tachycardia

- 6 mg rapid IV bolus;
- If unsuccessful give 12 mg
- If unsuccessful give IV 18 mg

### If ineffective:

### If ineffective:

- Synchronised DC shock up to 3 attempts
- Sedation, anaesthesia if conscious

• Verapamil or beta-blocker