

TACHYCARDIA

ASSESS with ABCDE approach

- Give oxygen if SpO₂ < 94% and obtain IV access
- Monitor ECG, BP, SpO₂. Record 12 lead ECG
- Identify and treat reversible causes (e.g. electrolyte abnormalities, hypovolaemia causing sinus tachycardia)

Life-threatening features?

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

YES

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 min;
- Repeat synchronised shock

UNSTABLE

NO

STABLE 
SEEK EXPERT HELP

Is QRS narrow (<0.12 s)?

Broad QRS
Is QRS regular?

Irregular

Regular

Possibilities include:

- Atrial fibrillation with bundle branch block – treat as for irregular narrow complex
- Polymorphic VT (e.g. torsades de pointes) – give magnesium 2 g over 10 min

If VT (or uncertain rhythm):

- Procainamide 10-15 mg/kg IV over 20 min or
- Amiodarone 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

If ineffective:

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

Narrow QRS
Is QRS regular?

Regular

Irregular

Vagal manoeuvres

If ineffective:

Adenosine (if no pre-excitation)

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

If ineffective:

- Verapamil or beta-blocker

Probable atrial fibrillation:

- Control rate with beta-blocker or diltiazem
- Consider digoxin or amiodarone if evidence of heart failure
- Anticoagulate if duration > 48h