**Dysrhythmia (Pediatric)**

## CFR and All Provider Levels

1. ABCs and vital signs
2. Airway management and appropriate oxygen therapy

**CFR STOP**

## EMT

3. Request ALS assistance, do NOT delay transport
4. Transport

**EMT STOP**

## Paramedic

5. Begin cardiac monitoring
6. Assess and treat for severe bradycardia as needed
7. For stable supraventricular tachycardia, perform vagal maneuvers
8. For unstable supraventricular tachycardia or ventricular tachycardia with a pulse:
    - 8.1 Contact OLMC for treatment options
    - 8.2 Obtain intravascular access
    - 8.3 Administer crystalloid fluids 20 ml/kg IV (maximum 2 L)
9. Perform, record and evaluate 12-lead EKG
10. Monitor vital signs every 2-3 minutes

**Paramedic STOP**

## Medical Control Options

11. For unstable supraventricular tachycardia or ventricular tachycardia with a pulse, perform synchronized cardioversion at the following energy settings using appropriately-sized AED/monitor pads:
    - 11.1 Initial cardioversion: 0.5-1 joules/kg
    - 11.2 Subsequent cardioversions as needed: 1-2 joules/kg
12. For stable supraventricular tachycardia
    - 12.1 Administer Adenosine 0.1 mg/kg IV rapidly (maximum 6 mg), followed with a crystalloid fluid flush and observe EKG monitor for 1-2 minutes for evidence of cardioversion
    - 12.2 For persistent SVT, administer Adenosine 0.2 mg/kg IV rapidly (maximum 12 mg), followed with a crystalloid flush. Repeat after 1-2 minutes if there is no evidence of cardioversion

## Key Points / Considerations

- Stable Dysrhythmia:
  - **PEDIATRIC:** Patients with a dysrhythmia NOT associated with depressed mental status and/or absent peripheral pulses and/or hypotension
- Unstable Dysrhythmia:
  - **PEDIATRIC:** Patient with a dysrhythmia associated with ANY of the following:
    - Depressed mental status and absent peripheral pulses
    - Hypotension (systolic blood pressure < 70 mmHg + [2 x age in years])
- Consider contacting OLMC for procedural sedation prior to electrical therapy for conscious patients
- High concentration oxygen should be used in pediatric patients
- If the cardiac monitor is unable to deliver the desired weight-based joule setting, use the closest setting without exceeding the desired setting