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)

Life-threatening features?
1. Shock
2. Syncope
3. Myocardial ischaemia
4. Severe heart failure

Synchronised shock up to 3 attempts
- Sedation OR anaesthesia if conscious
  - If unsuccessful:
    - Amiodarone 300 mg IV over 10-60 min
    - or procaainamide 10-15 mg/kg over 20 min;
    - Repeat synchronised shock

UNSTABLE

STABLE
SEEK EXPERT HELP

Is QRS narrow (<0.12 S)

Broad QRS
Is rhythm regular?
- Irregular
  - Treat as narrow complex if AF with bundle branch block
  - Give 2g Magnesium over 10-minutes if torsades de pointes

Regular

Narrow QRS
Is rhythm regular?
- Irregular
  - Probable atrial fibrillation:
    - Control rate with beta-blocker or diltiazem
    - Consider digoxin or amiodarone if evidence of heart failure
    - Anticoagulate if duration > 48h

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
  - Monitor ECG continuously

If ineffective

Broad QRS?
- Procainamide 10-15 mg/kg IV over 20 min, or
- Amiodarone 300 mg IV over 10-60 min

Narrow QRS?
- Verapamil, diltiazem, or beta-blocker

If ineffective

Synchronised shock up to 3 attempts