Adult tachycardia

Assess with ABCDE approach

- Give oxygen if $SpO_2 < 94\%$
- Obtain IV access
- Monitor ECG, BP, SpO_2, 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 DC shock up to 3 attempts**

- Sedation or anaesthesia if conscious

If unsuccessful:

- Amiodarone 300 mg IV over 10–20 min
- Repeat synchronised DC shock

UNSTABLE

STABLE
Seek expert help

NO → **Is the QRS narrow (< 0.12 s)?**

BROAD QRS
Is QRS regular?

IRREGULAR

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

REGULAR

If VT (or uncertain rhythm):

- 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

NARROW QRS
Is QRS regular?

REGULAR

Vagal manoeuvres

If ineffective:

- Give Adenosine (if no pre-excitation)
  - 6 mg rapid IV bolus
  - If unsuccessful, give 12 mg
  - If unsuccessful, give 18 mg
- Monitor ECG continuously

If ineffective:

- Verapamil or beta-blocker

IRREGULAR

Probable atrial fibrillation:

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

If ineffective:

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