# **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

#### **EUROPEAN** RESUSCITATION COUNCIL

**GUIDELINES** 

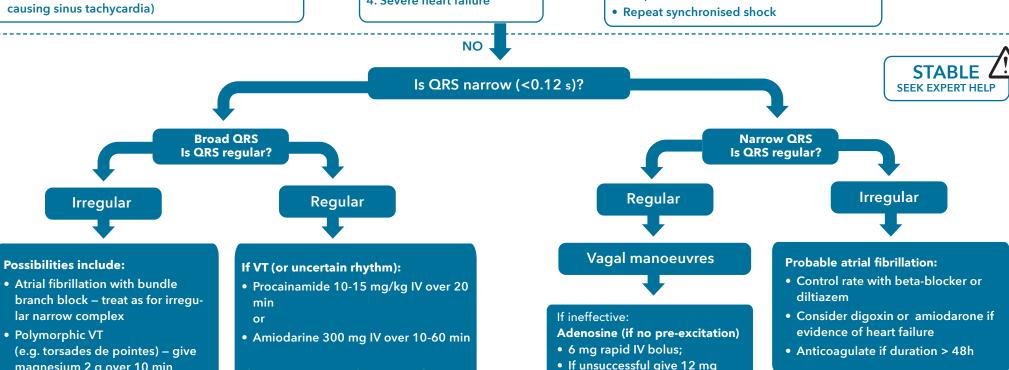
**UNSTABLE** 

#### 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 min;



YES

magnesium 2 g over 10 min

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

• Treat as for regular narrow complex tachycardia

## If ineffective:

• Verapamil or beta-blocker

• If unsuccessful give IV 18 mg

#### If ineffective:

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