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COVID-19 and the Library of Cardiology Resources and the new ESC Video Series Access Now Topic (s): Supraventricular Tachycardia (non-AF) Content Table: Full Text (ESC Clinical Practice Guidelines) Preamble Introduction Evidence Review Relationships with Industry and Other Conflicts of Interest What's New in the 2019 Guidelines? Definition and Classification of Electrophysiological Mechanisms of Supraventricular Tachycardia of The Heart Anatomy for Electrophysiologist Epidemiology of Supraventricular Tachycardia Clinical Presentation Initial Assessment of patients with supraventricular tachycardia Differential Diagnosis of Tachycardia Narrow QRS (No 120ms) Tachycardia Electrocardiographic Differential Diagnosis of Vagal Maneuvers and Adenosine Electrophysiology Study Broad ARS (Qgt;120ms) Tachycardia Electrocardiographic Differential Diagnosis Electrophysiology Study Irregular Tachycardia Specific Types of Supraventricular Tachycardia Atrial Atrial Arrhythmia Sinus Tachycardia Focus Atrial Multifocal Atrial Tachycardia Atrial Tachycardia Atrioventricular Docking Tachycardia Atrioventricular Arrhythmia Accessory Pathways Wolf Parkinson White Syndrome Orthodrom Atrioventricular Re-entrant Tachycardia Antidromic Atrioventricular Re-entrant Tachycardia Accessory Pathway as an Observer Pre-excited Atrial Fibrillation Hidden Accessory Pathways Permanent Mutual Reciprocal Tachycardia-Excitement (Mahaim Fiber) Heart Malmop Pharmacological Antiarrhythmic Therapy Catheter and Surgical Ablation Specific Diseases Special Disease Atrial Defect Ebstein Transposition of Large Arteries Tetralogy of Fallot Fountain Repair Supraventricular Tachycardia in the Pediatric Population Supraventricular Tachycardia during Pregnancy Material Catheter Ablation Tachycardia Induced Cardiomyopathy Definition Mechanism Diagnosis Supraventricular Tachycardia in Sports Supraventricular Tachycardia and Disability Driving Key Messages Gaps in Evidence Based on What to Do and What to Do and What Do Not Make Messages from the Guidelines Additional Data Appendix Previous Version is Available to Download The ESC Reference Website Only Link EBJ 2003;24:1857-1897 The overall purpose of this guide is to provide clinicians with tools necessary to successfully diagnose and treat patients with supraventricular tachycardia when presenting in hospital or on an outpatient condition. Guide Back to Leadership Education Landing Page Annals of Internal Medicine I am proud to present this article about pediatric tachycardia (SVT) is our first of many collaborations. The case discussion was authored by PGY3 resident Tyler Winders, MD. Fourth-year UC EM resident Benjamin Ostro, MD headed the charge. And not shockingly, the contribution of Dr. Christopher J. Statle, assistant professor of pediatric cardiology at Cincinnati Children's Hospital Medical Center, and Dr. Mir Chike Madueme, assistant professor of pediatric cardiology at Cincinnati Children's Hospital Medical Center was cardio-stompingly valuable. Therefore, without further delays in conduction, we discuss the management of children's, and especially neonatal supraventricular tachycardia. Update: June 4, 2020 Version Management: This document is relevant regarding the latest 2016 American Heart Association® Guidelines for PCC and ECC. These guidelines are relevant until they are replaced on 21 October 2020. If you are reading this page after October 21, 2020, please contact the ACLS Training Center for support@acsls.net for an updated document. This is for patients with significant symptoms. Treatment of all patients, battered, begins with the basics. Tachycardia is no different. Oxygen if indicated on the pulse of oximetry less than 95% or shortness of breath Maintenance Airways Place the patient on a cardio monitor monitor vital signs, including oximetry IV or IO access 12 lead ECG to help with diagnosis if the patient's condition allows. Do not overshadow the emerging treatments. Treatment of tachycardia is based on the type of tachycardia. There are three possible types. Narrow complex tachycardia, which is further divided into sinus tachycardia and supraventricular tachycardia and wide complex tachycardia (possible ventricular tachycardia) Narrow complex tachycardia should have a duration of less than 0.1 seconds. The diagnosis of sinus tachycardia is often based on history. This patient will have a history according to a known cause that requires compensation. For example, dehydration, pain, and hypovolemia P waves are normal, the rhythm is regular and the rate is usually less than 220 per minute in infants and 180 in children TREATMENT: Find and treat the underlying cause. For example, when dehydrated, fluid is replaced; Treat pain, etc. Supraventricular tachycardia History of vague P waves missing or abnormal appearance, heart rate is usually greater, less than 220 in infants and more than 180 in children TREATMENT: If IV or IO is available, give adenosine 0.1mg/kg a quick bolus (maximum 6 mg) This can be repeated with a second dose of 0.2mg/kg Fast Bolus (maximum 12 mg) If adenosine IV/ IO access is not available synchronized cardioversion is shown Beginning in 0.5-1.0 joules/kg - if not effective increase to 2 joules/kg of sedata, if necessary, but do not delay treatment Of Broad Complex Tachycardia (RRS gt;0.09 sec) - Probable Gastric Start with If the child is hypotensive, has an acute altered level of consciousness, or signs of shock, IMMEDIATE SYNCHRONIZED CARDIOVERSION is indicated. 0.5 joules/kg 2 joules/kg If there is no hypotonia, altered level or signs of shock, and the rhythm is regular with monomorphic (all suckably similar) using adenosine Adenosine 0.1 mg/kg of rapid IV bolus maximum 6 mg adenosine 0.2 mg/kg rapid IV bolus maximum 12 mg If there is no hypotension, altered level or signs of shock will consult with an expert (cardiology or electrophysiology) who will review Amiodarone 5mg/kg IV/IO for 20-60 minutes or Procainamide IO/IV 15mg/kg over 30-60 minutes 60 minutes they should not be ADMINISTERED TOGETHER Author Judy Haluka 2 May 2017 Last reviewed and updated by Lorraine Ann Liu, RN on June 4, 2020 © 2020 ACLS Training Centre Showing 1-10 from 10 points. 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