

**PEORIA AREA EMS SYSTEM
PEDIATRIC PREHOSPITAL CARE MANUAL**

**Pediatric Wide Complex
Tachycardia Protocol**

Tachycardia should be assessed in conjunction with the PAT & ABCDEs. Pediatric ventricular tachycardia is defined as a wide complex QRS and a heart rate >180 bpm. The child may have a history of serious systemic illness/congenital heart defects.

First Responder Care

First Responder Care should be focused on assessing the situation and initiating routine patient care to treat for shock.

1. Render initial care in accordance with the *Routine Pediatric Care Protocol*.
2. **Oxygen:** 10-15 L/min via non-rebreather mask or 4-6 L/min via nasal cannula if the patient cannot tolerate a mask.

BLS Care

BLS Care should be directed at conducting a thorough patient assessment, initiating routine patient care to treat for shock and preparing the patient for or providing transport.

1. Render initial care in accordance with the *Routine Pediatric Care Protocol*.
2. **Oxygen:** 10-15 L/min via non-rebreather mask or 4-6 L/min via nasal cannula if the patient does not tolerate a mask.
3. Initiate ALS intercept and transport as soon as possible.

ILS Care

ILS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Render initial care in accordance with the *Routine Pediatric Care Protocol*.
2. **Oxygen:** 10-15 L/min via non-rebreather mask or 4-6 L/min via nasal cannula if the patient does not tolerate a mask.

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ILS Care (continued)

3. Initiate ALS intercept and transport as soon as possible. (*Transport can be initiated at any time during this sequence*).
4. **Contact Medical Control** as soon as possible.
5. **IV Fluid Therapy:** 20mL/kg bolus of .9% Normal Saline.
6. If the patient becomes pulseless at any time, refer to the *Resuscitation of Pediatric Pulseless Rhythms Protocol (V-fib or Pulseless V-tach)*.
7. **Lidocaine:** 1mg/kg IV slowly over 2 minutes if the child is alert (**with Medical Control order only**). If no response, administer Lidocaine 0.5mg/kg every 5 *minutes* as needed to a total of 3mg/kg (**with Medical Control order only**).

ALS Care

ALS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Render initial care in accordance with the *Routine Pediatric Care Protocol*.
2. **Oxygen:** 10-15 L/min via non-rebreather mask or 4-6 L/min via nasal cannula if the patient does not tolerate a mask.
3. Transport as soon as possible. (*Transport can be initiated at any time during this sequence*).
4. **IV Fluid Therapy:** 20mL/kg bolus of .9% Normal Saline.
5. **Contact Medical Control** as soon as possible.
6. If the patient becomes pulseless at any time, refer to the *Resuscitation of Pediatric Pulseless Rhythms Protocol (V-fib or Pulseless V-tach)*.

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ALS Care (continued)

7. **Lidocaine:** 1mg/kg IV/IO slowly over 2 minutes if the child is alert (**with Medical Control order only**). If no response, administer Lidocaine 0.5mg/kg every *5 minutes* as needed to a total of 3mg/kg.
8. **Midazolam (Versed):** 0.1mg/kg IV/IO (***Max single dose: 2mg***) for patient comfort prior to cardioversion (**with Medical Control order**). Re-check vital signs 5 minutes after administration. Additional doses also require **Medical Control order**.
9. **Synchronized Cardioversion:** If the patient has an altered level of consciousness, is in shock and is in V-tach with a heart rate >180 bpm:
 - a) Synchronized cardioversion at **1 Joule/kg** if tachycardia persists.
 - b) Synchronized cardioversion at **2 Joules/kg** if tachycardia persists.

Critical Thinking Elements

- **Cardiac dysrhythmias such as V-tach are rare in children. Ask the caregiver if the child has chronic or genetic cardiac condition.**
- **V-tach with a pulse could be from a serious system illness, hypoxia or dehydration.**