






Narrow Complex Tachycardia
(Rate Greater Than 150bpm) – Stable Patient

Legend	
	EMR
	EMT
	Intermediate
	Paramedic
	Medical Control



EMR	<ol style="list-style-type: none"> 1. Universal Cardiac Care. 2. Oxygen: Consider titrating the O2 to maintain SpO2 at or above 94%. 	EMR
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EMT	<ol style="list-style-type: none"> 1. Continue EMR care. 2. Apply cardiac monitor and obtain 12-lead EKG as soon as possible. Transmit to receiving facility (if equipped). It is beyond the scope of the EMT to interpret 12-leads or cardiac rhythms). 3. Attempt vagal maneuver – holding breath and bearing down or coughing. (NO carotid massage in elderly patients) 4. Contact receiving hospital as soon as possible. 5. Request ALS intercept as soon as possible. <i>(Transport can be initiated at any time during this sequence).</i> 	EMT
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I	<ol style="list-style-type: none"> 1. Continue EMT care. 2. Initiate IV Normal Saline 20ml/kg mL bolus IF BP < 100 mmHg and lungs are clear, otherwise TKO rate. 3. If patient is awake, alert and oriented and BP is at least 100mmHg and HR > 150 bpm and rhythm is NOT Atrial Fibrillation or Flutter administer Adenosine 6mg IV RAPIDLY followed by a Normal Saline bolus in antecubital site. 4. If no change after 2 minutes, administer Adenosine 12 mg IV RAPIDLY followed by a Normal Saline bolus. May repeat 12mg x 1 if rhythm persists. 5. If patient becomes unstable or non-responsive to above treatment refer to Narrow Complex Tachycardia: Unstable SMO. 6. Contact receiving hospital as soon as possible. 	I
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