Move patient to appropriate level of care
Have available:
IV
O₂ Monitor
Defibrillator

Is patient hemodynamically stable?
Yes

Cardioversion starting at 100J if consistent R-waves otherwise OR
Defibrillation at 150J

Obtain 12-lead EKG
Consider double-speed EKG

Is QRS complex >0.12 s?
Yes

Is the rhythm regular and monomorphic?
No

Is QRS axis changing?
No

Is QRS complex >0.12 s?
No

Is rhythm regular?
Yes

SVT
1. Place on continuous EKG
2. Attempt Valsalva Maneuver
3. If unsuccessful, administer 6 mg adenosine rapid IVP

Is underlying rhythm atrial fibrillation or flutter?
No

PT. in sinus rhythm?
Yes

Observe and tx comorbidities

Consider repeating adenosine or hanging diltiazem gtt at 2.5 mg/min

No

PT. in sinus rhythm?
Yes

Does pt. have known SVT w/ aberrancy?
No

Toursades de Pointes
1. Treat with magnesium sulfate 1-2g IV over 1-2 minutes
2. Overdrive pace if continued TdP

Yes

Possible A. Fib w/ WPW
1. Avoid AV nodal blocking drugs
2. Treat with procainamide or amiodarone

Is QRS axis changing?
Yes

Termination of VT?
Yes

1. Treat underlying comorbidities
2. Search for ischemic dz

No

1. If no hypotension or hx of severe CHF or prolonged QT, consider procainamide gtt OR
2. Cardioversion with 100J after sedation

No

PT. in sinus rhythm?
Yes

Administer 12 mg adenosine IVP

No