

**CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES**

A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 530.11
Subject	Paramedic Treatment Protocols PAROXYSMAL SUPRAVENTRICULAR TACHYCARDIA (PSVT)	Page 1 of 2
References	Title 22, Division 9, Chapter 4 of the California Code of Regulations	Effective Fresno County: 01/15/82 Kings County: 04/10/89 Madera County: 06/15/85 Tulare County: 04/19/05

STANDING ORDERS

1. Assessment	ABCs
2. Secure Airway	Protect with position, basic airway maneuvers, pharyngeal airway, advanced airway if indicated, assist respirations as needed, suction as needed.
3. Oxygen	Low flow. High flow if unstable. Refer to EMS Policy #530.02.
4. IV Access	LR TKO – standard tubing
5. Assess	For serious signs and symptoms - patient must demonstrate one or more of the following: severe chest pain, severe SOB, acutely altered mental status, systolic BP less than 80, shock, pulmonary edema.
A. Unstable, heart rate <u>greater than 150 beats/minute</u> with serious signs or symptoms as stated above related to tachycardia.	
1. Midazolam	If time allows for the conscious patient, 4 mg slow IV push. May be repeated once if needed. Consider Midazolam 8mg slow IV push for the large patient for sedation (i.e., over 200 pounds).
2. Fentanyl	25-100 mcg IV push
3. Cardiovert	Synchronized at 100 J., 200 J., 360 J. or biphasic equivalent, if no conversion.
4. Reassess	Treat as appropriate for rhythm.
5. STAT Transport	
6. Contact Hospital	Per EMS Policy #530.02.
B. Stable or borderline, all others with PSVT.	
1. Valsalva	If patient is under 40 years of age. Monitor EKG and run rhythm strip during valsalva maneuver.
2. Transport	
3. Contact Hospital	Per EMS Policy #530.02.

BASE HOSPITAL ORDERS ON NEXT PAGE

Approved By	Signatures on File at EMS Agency	Revision
EMS Division Manager		05/01/2014
EMS Medical Director	Signatures on File at EMS Agency	

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BASE HOSPITAL ORDERS

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| 1. Adenosine | 6 mg rapid IV push over 1 second followed by a 20 cc NS flush. If patient does not convert in 2 minutes, repeat adenosine with 12 mg rapid IV push over 1 second. If the patient does not convert, a third administration of 12 mg may be administered in 1 minute. <u>May give in radio failure if transport to hospital is greater than 15 minutes.</u> |
| *2. CALCIUM | CONSIDER CALCIUM 250 MG PRIOR TO GIVING VERAPAMIL. |
| *3. VERAPAMIL | 5 MG IV OVER 2 MINUTES (IF PATIENT OLDER THAN 50 YEARS, GIVE OVER 3 MINUTES). REPEAT DOSE IN 5 MINUTES IF PULSE RATE, AND SYMPTOMS DO NOT IMPROVE. |

PAROXYSMAL SUPRAVENTRICULAR TACHYCARDIA (PSVT) SPECIAL CONSIDERATION AND PRIORITIES

1. If delays in synchronization occur and clinical conditions are critical, go to immediate unsynchronized shocks.
2. If unconscious, hypotensive, in pulmonary edema, or severe chest pain, consider early transport with therapy enroute.
3. Transport lights/siren if decreased mental status, hypotension, severe respiratory distress or severe chest pain.
4. Almost all patients with a very rapid heart rate will note some chest discomfort. This symptom alone should not classify the patient as unstable. Severe chest pain, particularly if accompanied by cold sweats, nausea, and shortness of breath indicates myocardial ischemia and requires immediate treatment.
5. Supraventricular tachycardia rate is usually 160-210, narrow complex, rate does not vary.
6. When administering adenosine, after each dose of rapid IV push adenosine, a rapid flush of 20 cc NS must be administered.

ATRIAL FLUTTER SPECIAL CONSIDERATIONS AND PRIORITIES

1. Identification: Atrial rate 220-350, with a “sawtooth” pattern, most frequently with a 2:1 conduction.
2. Patient should be transported with low flow oxygen, IV LR TKO – Standard Tubing.
3. If patient’s ventricular rate is greater than 150, and the patient has severe respiratory distress, decreased mental status, severe chest pain, or BP less than 80 with signs and symptoms of shock, contact the Base Hospital to consider synchronized cardioversion at 100 J **or** biphasic equivalent.