



**Note: If patient becomes unstable, go to box 4, CARDIOVERSION.**

<b>During Evaluation</b>	<b>Treat possible contributing factors:</b>
<ul style="list-style-type: none"> <li>Secure, verify airway and vascular access when possible</li> <li>Consider expert consultation</li> <li>Prepare for cardioversion</li> </ul>	<ul style="list-style-type: none"> <li>Hypovolemia</li> <li>Hypoxia</li> <li>Hydrogen ion (acidosis)</li> <li>Hypo/hyperkalemia</li> <li>Hypoglycemia</li> <li>Hypothermia</li> <li>Toxins</li> <li>Tamponade, cardiac</li> <li>Tension pneumothorax</li> <li>Thrombosis (coronary or pulmonary)</li> <li>Trauma</li> </ul>

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## Tachycardia Algorithm Review

**September 2009**

The tachycardia algorithm has been simplified after the GL 2005 recommendations.

It has been made more clinically useful.

A clinical evaluation of the patient is mandatory to determine whether they are stable or unstable. There are no completely hard and fast criteria in the guidelines for immediate cardioversion (a specific definition of being unstable).

Clinical instability has to be determined by the team leader evaluating the patient. Different patients, with different co-morbidities, have different risk profiles for the cause of the tachycardia. The potential for deterioration also needs to be considered.

Stable patients will receive either no therapy or medical therapy. Unstable patients receive synchronized electrical cardioversion.

If the rate is less than 150, look for another cause that is making the patient ill, it is unlikely to be the rate itself.

It is still an immediate consideration to perform cardioversion for all unstable patients. However, again, that will be a clinical judgment, different for each situation. Unstable means significantly abnormal vital signs, altered mental status (not perfusing the brain), chest pain thought to be ischemia, abdominal pain thought to be ischemia, or a patient who is deteriorating rapidly, are a few examples.

Unstable is not the same as cardiac arrest. Full cardiac arrest means you immediately flip to the Pulseless Arrest Algorithm.

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