Tachycardia - Supraventricular UNSTABLE SVT

By Stanford Anesthesia Cognitive Aid Group

- **CHECK FOR PULSE**
  If no pulse, go to PEA algorithm.
- **UNSTABLE**: SBP<80, BP "low" for patient, rapid BP decrease, or acute ischemia.
- **Sinus Tachycardia** is NOT SVT. May be compensatory. Search for and treat underlying cause(s).
- More likely **SVT if any** of:
  1. Rate > 150
  2. Sudden onset
  3. Irregular

**CALL FOR HELP**

1. Increase 100% O₂, high flow. Decrease volatile anesthetic.
2. Confirm adequate ventilation, oxygenation.
3. If unstable SVT, **IMMEDIATE SYNCHRONIZED CARDIOVERSION** - biphasic doses.
   - Consider sedation if awake.
   - Narrow complex and Regular: 50-100J.
   - Narrow complex and Irregular: 120-200J.
   - Wide complex and Regular: 100J.
   - Wide complex and Irregular requires Unsynchronized Defibrillation: 200J.
4. **If unsuccessful cardioversion**: Re-SYNC and increase Joules incrementally for Synchronized Cardioversion.
5. While preparing to cardiovert (do NOT delay), if narrow-complex and regular, consider **Adenosine** 6 mg IV push with flush. May give 2nd dose of 12 mg IV.

**CODE CART + DEFIBRILLATOR**

**INFORM TEAM**

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  2. Sudden onset
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