

Supraventricular Tachycardia (Adult)**Paramedic**

1. For patients with unstable SVT:
 - a. Perform synchronized cardioversion using 100 joules.
 - b. Repeat synchronized cardioversion as necessary using 200, 300, 360 joules.
2. For patients with stable SVT:
 - a. Administer Adenosine 6 mg, IV bolus, rapidly, followed by a crystalloid fluid flush.
 - b. Observe EKG monitor for 1-2 minutes for evidence of cardioversion.
 - c. If there is no change, administer Adenosine 12 mg, IV bolus, rapidly, followed by a crystalloid fluid flush.
 - d. If there is no change, repeat Adenosine 12 mg, IV bolus, rapidly, followed by a crystalloid fluid flush.

● Paramedic STOP**Medical Control Options**

If Adenosine fails to convert the dysrhythmia:

1. If complex width is narrow and the patient is stable:
 - a. Administer Diltiazem* 0.25 mg/kg IV, slowly over 2 minutes, monitoring blood pressure continuously.
2. If complex width is narrow and the patient is unstable:
 - a. Perform synchronized cardioversion using 100 joules.
 - b. Repeat synchronized cardioversion as necessary using 200, 300, 360 joules.
3. Administer Amiodarone 150 mg, diluted in 100 ml D₅W over 10 minutes IV Infusion.

Key Points / Considerations

1. **Refer to considerations above in the Dysrhythmia (Adult) protocol.**
2. ***Drug Advisories:**
 - a. **Diltiazem** - must be used with caution in patients with liver or kidney disease, congestive heart failure, atrioventricular conduction abnormalities, and/or hypotension. Online Medical Control should be alerted to these conditions, and the dose should be reduced to **half** the normal dose.