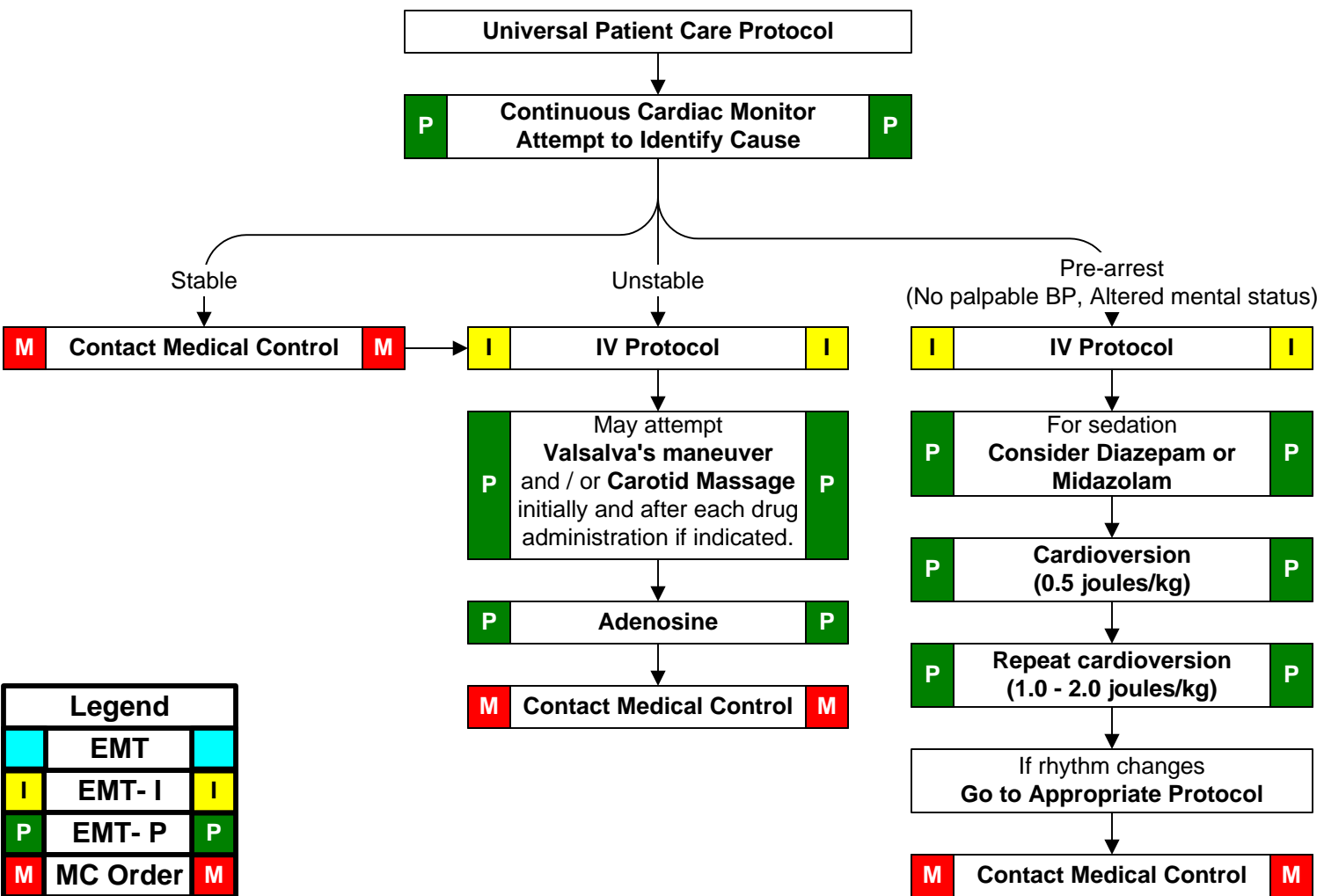




Pediatric Supraventricular Tachycardia



History: <ul style="list-style-type: none"> • Past medical history • Medications or Toxic Ingestion (Aminophylline, Diet pills, Thyroid supplements, Decongestants, Digoxin) • Drugs (nicotine, cocaine) • Congenital Heart Disease • Respiratory Distress • Syncope or Near Syncope 	Signs and Symptoms: <ul style="list-style-type: none"> • Heart Rate: Child > 180/bpm Infant > 220/bpm • Pale or Cyanosis • Diaphoresis • Tachypnea • Vomiting • Hypotension • Altered Level of Consciousness • Pulmonary Congestion • Syncope 	Differential: <ul style="list-style-type: none"> • Heart disease (Congenital) • Hypo / Hyperthermia • Hypovolemia or Anemia • Electrolyte imbalance • Anxiety / Pain / Emotional stress • Fever / Infection / Sepsis • Hypoxia • Hypoglycemia • Medication / Toxin / Drugs (see HX) • Pulmonary embolus • Trauma • Tension Pneumothorax
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- Pearls:**
- Exam: Mental Status, Skin, Neck, Lung, Heart, Abdomen, Back, Extremities, Neuro
 - Carefully evaluate the rhythm to distinguish Sinus Tachycardia, Supraventricular Tachycardia, and Ventricular Tachycardia
 - Separating the child from the caregiver may worsen the child's clinical condition.
 - Pediatric paddles should be used in children < 10 kg or Broselow-Luten color Purple
 - Monitor for respiratory depression and hypotension associated if Diazepam or Midazolam is used.
 - Continuous pulse oximetry is required for all SVT Patients if available.
 - Document all rhythm changes with monitor strips and obtain monitor strips with each therapeutic intervention.