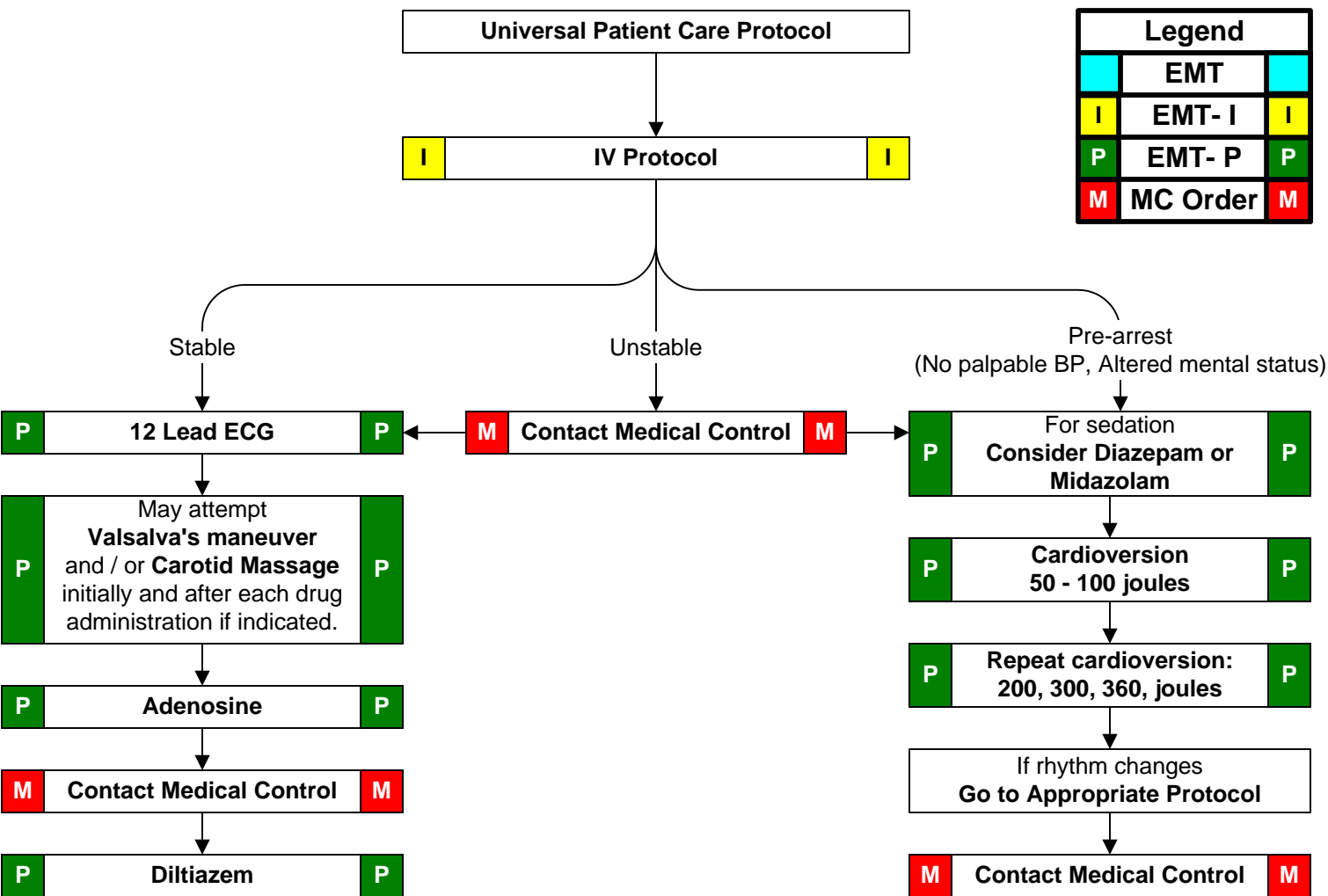




Supraventricular Tachycardia



History: <ul style="list-style-type: none"> Medications (Aminophylline, Diet pills, Thyroid supplements, Decongestants, Digoxin) Diet (caffeine, chocolate) Drugs (nicotine, cocaine) Past medical history History of palpitations / heart racing Syncope / near syncope 	Signs and Symptoms: <ul style="list-style-type: none"> HR > 150/Min QRS < .12 Sec Dizziness, CP, SOB Potential presenting rhythm <ul style="list-style-type: none"> Sinus tachycardia Atrial fibrillation / flutter Multifocal atrial tachycardia 	Differential: <ul style="list-style-type: none"> Heart disease (WPW, Valvular) Sick sinus syndrome Myocardial infarction Electrolyte imbalance Exertion, Pain, Emotional stress Fever Hypoxia Hypovolemia or Anemia Drug effect / Overdose (see HX) Hyperthyroidism Pulmonary embolus
---	--	---



- Pearls:**
- Exam: Mental Status, Skin, Neck, Lung, Heart, Abdomen, Back, Extremities, Neuro**
 - Adenosine may not be effective in identifiable atrial flutter/fibrillation, yet is not harmful.
 - Monitor for hypotension after administration of Diltiazem.
 - Monitor for respiratory depression and hypotension associated with Midazolam.
 - Continuous pulse oximetry is required for all SVT Patients.
 - Document all rhythm changes with monitor strips and obtain monitor strips with each therapeutic intervention.