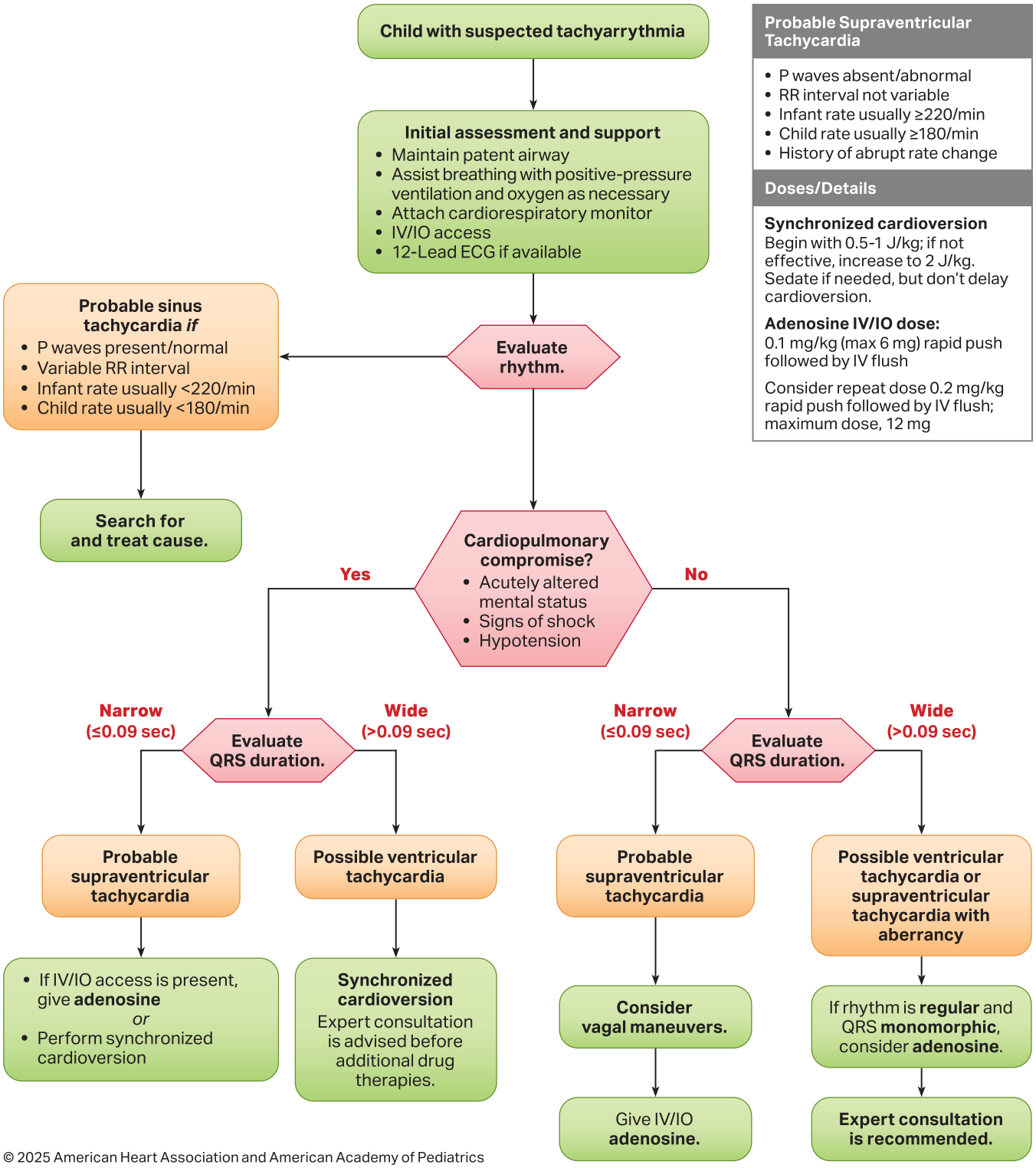
Pediatric Tachyarrhythmia With a Pulse Algorithm



Probable Supraventricular Tachycardia

- P waves absent/abnormal
- RR interval not variable
- Infant rate usually ≥220/min
- Child rate usually ≥180/min
- History of abrupt rate change

Doses/Details

Synchronized cardioversion
Begin with 0.5-1 J/kg; if not effective, increase to 2 J/kg. Sedate if needed, but don't delay cardioversion.

Adenosine IV/IO dose:
0.1 mg/kg (max 6 mg) rapid push followed by IV flush

Consider repeat dose 0.2 mg/kg rapid push followed by IV flush; maximum dose, 12 mg

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