Resuscitation Council (UK)

Adult tachycardia (with pulse) algorithm

- Assess using the ABCDE approach
- Give oxygen if appropriate and obtain IV access
- Monitor ECG, BP, SpO_2, record 12-lead ECG
- Identify and treat reversible causes (e.g. electrolyte abnormalities)

Adverse features?
- Shock
- Syncope
- Myocardial ischaemia
- Heart failure

Yes/Unstable → **Synchronised DC Shock**
Up to 3 attempts

- Amiodarone 300 mg IV over 10-20 min and repeat shock; followed by:
- Amiodarone 900 mg over 24 h

No/Stable → **Is QRS narrow (< 0.12 s)?**

Broad → **Broad QRS Is rhythm regular?**

Irregular → **Seek expert help**

Possibilities include:
- **AF with bundle branch block** treat as for narrow complex
- **Pre-excited AF** consider amiodarone
- **Polymorphic VT** (e.g. torsade de pointes - give magnesium 2 g over 10 min)

Regular →

If **ventricular tachycardia** (or uncertain rhythm):
- Amiodarone 300 mg IV over 20-60 min; then 900 mg over 24 h

If previously confirmed **SVT with bundle branch block:**
- Give adenosine as for regular narrow complex tachycardia

Narrow → **Narrow QRS Is rhythm regular?**

Regular →
- Use vagal manoeuvres
- Adenosine 6 mg rapid IV bolus; if unsuccessful give 12 mg; if unsuccessful give further 12 mg.
- Monitor ECG continuously

Sinus rhythm restored?

Yes →

Probable **re-entry paroxysmal SVT**:
- Record 12-lead ECG in sinus rhythm
- If recurs, give adenosine again & consider choice of anti-arrhythmic prophylaxis

No → **Seek expert help**

Possible **atrial flutter**
- Control rate (e.g. β-Blocker)

Irregular →

Irregular Narrow Complex Tachycardia

Probable **atrial fibrillation**

Control rate with:
- β-Blocker or diltiazem
- Consider digoxin or amiodarone if evidence of heart failure

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