**Adult tachycardia**

**Assess with ABCDE approach**
- Give oxygen if SpO₂ < 94%
- Obtain IV access
- Monitor ECG, BP, SpO₂, record 12-lead ECG
- Identify and treat reversible causes e.g. electrolyte abnormalities, hypovolaemia causing sinus tachycardia

**Life threatening features?**
1. Shock
2. Syncope
3. Myocardial ischaemia
4. Severe heart failure

**YES**
- Synchronised DC shock up to 3 attempts
  - Sedation or anaesthesia if conscious
  - If unsuccessful:
    - Amiodarone 300 mg IV over 10–20 min
    - Repeat synchronised DC shock

**NO**
- Is the QRS narrow (< 0.12 s)?

**BROAD QRS**
- Is QRS regular?
  - IRREGULAR
    - Possibilities include:
      - Atrial fibrillation with bundle branch block treat as for irregular narrow complex
      - Polymorphic VT (e.g. torsades de pointes) give magnesium 2 g over 10 min
  - REGULAR
    - If VT (or uncertain rhythm):
      - Amiodarone 300 mg IV over 10–60 min
      - If previous certain diagnosis of SVT with bundle branch block/aberrant conduction:
        - Treat as for regular narrow complex tachycardia

**NARROW QRS**
- Is QRS regular?
  - REGULAR
    - Vagal manoeuvres
      - If ineffective:
        - Give Adenosine (if no pre-excitation)
          - 6 mg rapid IV bolus
          - If unsuccessful, give 12 mg
          - If unsuccessful, give 18 mg
          - Monitor ECG continuously
  - IRREGULAR
    - Probable atrial fibrillation:
      - Control rate with beta-blocker
      - Consider digoxin or amiodarone if evidence of heart failure
      - Anticoagulate if duration > 48 h

**If ineffective:**
- Synchronised DC shock up to 3 attempts
- Sedation or anaesthesia if conscious

**Life threatening features?**
1. Shock
2. Syncope
3. Myocardial ischaemia
4. Severe heart failure

**Synchronised DC shock up to 3 attempts**
- Sedation or anaesthesia if conscious
  - If unsuccessful:
    - Amiodarone 300 mg IV over 10–20 min
    - Repeat synchronised DC shock

**UNSTABLE**

**STABLE**
Seek expert help

**ASSIST**
- Give oxygen if SpO₂ < 94%
- Obtain IV access
- Monitor ECG, BP, SpO₂, record 12-lead ECG
- Identify and treat reversible causes e.g. electrolyte abnormalities, hypovolaemia causing sinus tachycardia