Management of Paroxysmal Supraventricular Tachycardia (SVT)

Unstable tachycardia

- Hypotension
- Altered mental status
- Pulmonary edema
- Severe distress

Treatment

Electric cardioversion is advised for all unstable tachycardia

- Synchronized cardioversion (biphasic defibrillator is preferred due to greater efficacy
    - Narrow regular: 50 to 100 J
    - Narrow irregular: 120 to 200 J
    - Wide regular: 100 J
    - Wide irregular: 200 J (not synchronized defibrillation dose)

Stable tachycardia

Regular narrow complex SVT

- Atrial tachycardia
- Atrial flutter
- Migratory atrial tachycardia (MAT)
- AV node reentrant tachycardia

Treatment

- Vagal maneuvers, if no response, adenosine 6 mg IV rapid IV push followed by 12 mg second dose if required.

Regular wide complex SVT - need to be differentiated from V tach and V fib

- AV node reciprocating tachycardia
- SVT with underlying bundle branch block

Treatment

- Vagal maneuvers, if no response, adenosine 6 mg IV rapid IV push followed by 12 mg second dose if required only if definitely regular, if in doubt use amiodarone.

Irregular wide complex SVT

- Wolff Parkinson White
- Atrial fibrillation with aberrant conduction

Treatment

- Amiodarone is the drug of choice
- Adenosine should not be used, it can induce ventricular fibrillation
- Calcium channel blocker (diltiazem and verapamil) also should not be used at the can cause severe hypotension