**Adult tachycardia (with pulse) algorithm**

**Is QRS narrow (< 0.12 s)?**
- **Yes**
  - Use vagal manoeuvres
  - Adenosine 6 mg rapid IV bolus; if unsuccessful give 12 mg; if unsuccessful give further 12 mg.
  - Monitor ECG continuously

- **No**
  - Seek expert help

**Is rhythm regular?**
- **Yes**
  - 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**
      - Probable atrial flutter
        - Control rate (e.g. ß-Blocker)

- **Irregular**
  - Probable atrial fibrillation
    - Control rate with:
      - ß-Blocker or diltiazem
      - Consider digoxin or amiodarone if evidence of heart failure

**Is QRS narrow (< 0.12 s)?**
- **Yes**
  - Amiodarone 300 mg IV over 10-20 min and repeat shock; followed by:
  - Amiodarone 900 mg over 24 h

- **No**
  - Seek expert help

**Adverse features?**
- **Yes/Unstable**
  - Shock
  - Syncope
  - Myocardial ischaemia
  - Heart failure

**Synchronised DC Shock**
- Up to 3 attempts

**Regular**
- Narrow
- Regular

**Irregular**
- Broad QRS
- Irregular

**Narrow QRS**
- Irregular

**Broad QRS**
- Irregular

**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)

**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