**Adult Tachycardia (with pulse) Algorithm**

**Assess using the ABCDE approach**
- Monitor SpO₂ and give oxygen if hypoxic
- Monitor ECG and BP, and record 12-lead ECG
- Obtain IV access
- Identify and treat reversible causes (e.g. electrolyte abnormalities)

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

**Is QRS narrow (< 0.12 s)?**

**Broad QRS**
- Is QRS regular?
  - **Regular**
    - Vagal manoeuvres
    - Adenosine 6 mg rapid IV bolus
      - if no effect give 12 mg
      - if no effect give further 12 mg
    - Monitor/record ECG continuously
  - **Irregular**
    - Seek expert help

**Narrow QRS**
- Is rhythm regular?
  - **Regular**
    - Probable AF:
      - Control rate with beta-blocker or diltiazem
      - If in heart failure consider digoxin or amiodarone
      - Assess thromboembolic risk and consider anticoagulation
    - Probable re-entry paroxysmal SVT:
      - Record 12-lead ECG in sinus rhythm
      - If SVT recurs treat again and consider anti-arrhythmic prophylaxis
  - **Irregular**
    - Sinus rhythm achieved?
      - Yes
        - Seek expert help
      - No
        - Probable atrial flutter:
          - Control rate (e.g. with beta-blocker)

**Broad**
- Narrow QRS
- Seek expert help

**Synchronised DC Shock**
- Up to 3 attempts
  - Amiodarone 300 mg IV over 10-20 min
  - Repeat shock
  - Then give amiodarone 900 mg over 24 h

**Yes - Unstable**
- Seek expert help

**No - Stable**
- Broad QRS
  - Is QRS regular?
    - **Regular**
      - Seek expert help
    - **Irregular**
      - Probabilities include:
        - AF with bundle branch block treat as for narrow complex
        - Pre-excited AF consider amiodarone

**Possible atrial flutter:**
- Control rate (e.g. with beta-blocker)

*Conscious patients require sedation or general anaesthesia for cardioversion*