A Simplified Approach to Tachydysrhythmias - Therapeutic Algorithm

Tachycardia (>100 bpm)

- P Wave Before Every QRS Complex? GRS Complex After Every P Wave?
  - Yes → Sinus Tachycardia
  - No → Stable?

Stable?

- Is the QRS Complex Wide? (>100 msec)
  - Yes → Proceed to immediate cardioversion if unstable or defibrillation if pulseless
  - No → Stable?

Regular Rhythm?

- Regular, Narrow Complex Tachydysrhythmia
  - Atrial Flutter with Variable Conduction
    - New Onset? (48 hours)
      - Yes → AFib with Ablation
      - No → Consider Electrical or Chemical Cardioversion

- Regular, Wide Complex Tachydysrhythmia
  - VVI breakthrough
    - 1. Chemical Cardioversion (Propanolol, Amiodarone)
    - 2. Electrical Cardioversion

- Irregular, Wide Complex Tachydysrhythmia
  - AFib with Ablation

- Irregular, Narrow Complex Tachydysrhythmia
  - Atrial Fibrillation

Rate Control (Ca channel blocker or Beta blocker) + Evaluate for anticoagulation

The CHA2DS2-VASc score can be used to evaluate need for anticoagulation:

- 1. Congestive Heart Failure
- 2. Hypertension
- 3. Age ≥ 75 years
- 4. Diabetes Mellitus
- 5. Vascular disease
- 6. Stroke Previous

Vagal Maneuvers

AV Nodal Blockade (Adenosine, Ca channel blockers)

SVT with Ablation

1. Chemical Cardioversion (Magnesium)
2. Electrical Cardioversion
3. Overdrive Pacing

Torsades de Pointes

http://coreem.net