**Advanced Life Support**

**Tachycardia Algorithm**

1. **Synchronised DC Shock**
   - Up to 3 attempts
   - Amiodarone 300 mg IV over 10-20 min and repeat shock; followed by:
     - Amiodarone 900 mg over 24 h
   - Possible adverse signs:
     - Shock
     - Syncope
     - Myocardial ischaemia
     - Heart failure

2. **Broad QRS**
   - Is QRS regular?
   - Broad
     - Irregular: Seek expert help
     - Regular: Narrow
   - Regular: Narrow QRS
     - Is rhythm regular?
     - Regular: Narrow QRS
       - 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
   - Irregular
     - Narrow: Narrow QRS
       - Probable atrial fibrillation:
         - Control rate with:
           - β-Blocker or diltiazem
           - Consider digoxin or amiodarone if evidence of heart failure
         - Anticoagulate if duration > 48 h
     - Probable re-entry PSVT:
       - Record 12-lead ECG in sinus rhythm
       - If recurs, give adenosine again & consider choice of anti-arrhythmic prophylaxis
     - Possible atrial flutter:
       - Control rate (e.g. β-Blocker)

3. **Irregular Narrow Complex Tachycardia**
   - Probable atrial fibrillation
   - Control rate with:
     - β-Blocker or diltiazem
     - Consider digoxin or amiodarone if evidence of heart failure
   - Anticoagulate if duration > 48 h

**Possible Adverse Signs**

1. Shock
2. Syncope
3. Myocardial ischaemia
4. Heart failure

**Use vagal manoeuvres**
- Adenosine 6 mg rapid IV bolus;
  - If unsuccessful give 12 mg;
  - If unsuccessful give further 12 mg.

**Monitor ECG continuously**

**Synchronised DC Shock**
- Attempted electrical cardioversion is always undertaken under sedation or general anaesthesia

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