

# Management of Tachyarrhythmias with a pulse

**Patients at risk**  
 Congenital cardiac disease  
 FH of sudden death or long Q-T Syndrome or other congenital abnormalities  
 Poisoning – drugs in the home  
 Previous episode of unexplained collapse

**Arrhythmia suspected?**  
 Call for help  
 ABC  
 High flow oxygen  
 IV access  
**IF PULSELESS FOLLOW APLS PROTOCOL**

**Be suspicious of arrhythmia if:**  
 Neonate HR > 200  
 Toddler HR > 180  
 School age HR > 160  
 HR > 220 (suspect SVT)

**IF PULSE PRESENT ASSESS FOR SHOCK**  
 Respiratory distress, poor peripheral pulses, hypotension, prolonged CRT, altered conscious level

