

Adult Tachycardia With Pulse

Rapid approach to narrow and wide complex tachycardia

Emergency & Resuscitation

PHYSICIAN REFERENCE

First decision

- If tachyarrhythmia is causing hypotension, shock, ischemic chest discomfort, altered mental status, or acute heart failure: synchronized cardioversion is generally indicated.

Stable patient

- Obtain 12-lead ECG; determine QRS width and regularity; correct reversible causes.
- Regular narrow complex: vagal maneuvers/adenosine may be appropriate. Wide complex: treat cautiously as VT unless confidently diagnosed otherwise.

Safety

- Avoid AV-nodal blockers in pre-excited AF and avoid diagnostic shortcuts in irregular wide-complex rhythms.

Clinical safety note

Use this as a memory aid, not a prescription. Verify current guidelines, local protocols, contraindications, renal/hepatic dosing, pregnancy status, interactions and patient-specific factors before treatment.