

POLICY: 555.15
TITLE: Pediatric Tachycardia with Pulses

EFFECTIVE: 02/01/2026
REVIEW: 02/2028
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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PEDIATRIC TACHYCARDIA with PULSES

I. AUTHORITY

Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

II. PURPOSE

To serve as a patient treatment standard for EMRs, EMTs, and Paramedics within their scope of practice.

III. PROTOCOL

Provider Key: F = First Responder/EMR
P = Paramedic

E = EMT

O = EMT Local Optional SOP

D = Base Hospital Physician Order Required

	F	E	O	P	D
ASSESSMENT: look for signs of poor perfusion or respiratory distress (delayed capillary refill, diminished distal pulses, cool extremities, ALOC).	X	X	X	X	
OXYGEN: 100% by non-rebreather mask or blow-by.	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	
SUPRAGLOTTIC AIRWAY: if GCS is < 8 and not rapidly improving.			X	X	
PULSE OXIMETRY: apply and monitor.		X	X	X	
CAPNOGRAPHY: apply and monitor if SGA has been placed.				X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
VASCULAR ACCESS: IV/IO, rate as indicated.				X	
Sinus Tachycardia (QRS < 0.10 seconds) Heart Rate > 220 in infants or >180 in children					
FLUID BOLUS: NS 20 mL/kg as indicated. Reassess after each bolus.				X	
COOLING MEASURES: if temperature > 100.4°F (38°C). Remove clothing. Consider 555.44 PEDIATRIC SEPSIS.	X	X	X	X	
Supraventricular Tachycardia (SVT) (QRS < 0.10 seconds) Heart Rate > 220 for ages < 2 or Heart Rate >180 for ages > 2. Absent or abnormal P waves					
VAGAL MANEUVERS: Consider if child has normal perfusion. <ul style="list-style-type: none"> • Infants and young children: ice water to face • Older children: Valsalva 				X	
ADENOSINE: 0.1 mg/kg rapid IV/IO, up to 6 mg, if poor distal perfusion but is responsive. If no change, repeat at 0.2 mg/kg IV/IO, up to 12 mg. Maximum total dose 18 mg.				X	
MIDAZOLAM: 0.1 mg/kg IV/IO. Max single dose 2 mg. May be repeated once. Do not delay cardioversion if hemodynamically unstable.				X	

	F	E	O	P	D
SYNCHRONIZED CARディオVERSION: 1 J/kg. If no response, repeat at 2 J/kg.				X	
Wide Complex Tachycardia with Pulses (QRS > 0.09 seconds) and Heart Rate > 150					
ADENOSINE: Consider if regular and QRS monomorphic. 0.1 mg/kg rapid IV/IO, max. 6 mg, if poor distal perfusion but is responsive. If no change, repeat at 0.2 mg/kg IV/IO, max. 12 mg.				X	
MIDAZOLAM: 0.1 mg/kg IM/IN or slow IV/IO, maximum single dose 2 mg. <ul style="list-style-type: none"> • IV/IO: repeat every 5 minutes • IM/IN: repeat every 10 minutes • Repeat doses up to a maximum total of 5 mg IF THE PATIENT IS OBESE, DOSAGES SHOULD BE CALCULATED ON THE PATIENTS' IDEAL WEIGHT.				X	
ANTIARRHYTHMIC: choose ONE <ul style="list-style-type: none"> • LIDOCAINE: 1 mg/kg IV/IO, followed by 20-50 mcg/kg per minute. Repeat bolus if infusion delay is >15 minutes after the initial dose. • AMIODARONE: 5 mg/kg in 100 mL NS infused IV/IO over 20 minutes. 				X	
BASE CONTACT: if rhythm unchanged.					X

NOTE:

1. Use standard size pediatric pads for cardioversion for children <10 kg. These should be placed on the anterior chest in a sternal-apical location. If pediatric pads are not available, use adult pads placed anterior posterior on the chest wall.
2. If the defibrillator is not able to deliver the indicated energy level, use the lowest setting available.

Pediatric Normal Vital Signs

Age	HR	RR	BP	Temp (C)	Temp (F)
<i>Premie</i>	120-170	40-70	55-75/35-45	36-38	96.8-100.4
<i>0-3 months</i>	100-160	35-60	65-85/45-55	36-38	96.8-100.4
<i>3-6 months</i>	90-120	30-45	70-90/50-65	36-38	96.8-100.4
<i>6-12 months</i>	80-120	25-40	80-100/55-65	36-38	96.8-100.4
<i>1-3 years</i>	70-110	20-30	90-105/55-70	36-38	96.8-100.4
<i>3-6 years</i>	65-110	20-25	90-110/60-75	36-38	96.8-100.4
<i>6-12 years</i>	65-100	14-22	90-120/60-75	36-38	96.8-100.4
<i>12+</i>	55-100	12-20	100-135/65-85	36-38	96.8-100.4