Narrow complex tachycardia

### Learning objectives

|  |  |
| --- | --- |
| CRM | Planning and clarity of roles, personal contribution (info sharing) |
| Topic | Algorithm tachycardia with instability recognition |
| Skills | Drug administration, cardioversion |

### Introduction

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| name | Adelaide Nosina | Age | 6 | Weight | 25 |
| the child is brought by mother because the child is breathing badly and has had episodes of vomiting since last night and has been complain for an hour because of chest pain. | | | | | |
| patient born at term. Healthy | | | | | |

### Setting the scene

|  |  |
| --- | --- |
| room | ER |
| Necessary equipment | defibrillator, Emergency trolley equipment, emergency pediatric trolley drugs, (atropina, isoprenalina, adrenalina, dopamina) |
| Make Up / mannequin’s Moulage | agitated, in pain, reports chest pain, sweating |
| Additional staff | MOTHER ( 1 of group of debriefer) |
| Consultants' mobile phone number | -- |

### Initial simulator setup

|  |  |  |
| --- | --- | --- |
|  | Tipe | Laerdal Sim junior |
|  | Posizion | supine |
|  | Consciousness state | A di AVPU |
|  | Airways | Pervie |
| Breathing | |  |
|  | FR | 24 |
|  | Breathing tipe | tachipnoica |
|  | Chest expansion | simmetrical |
|  | Respiratory noises | None |
|  | cyanosis | none |
|  | % Sp O2 | 100% aa |
| Cardiovascular | |  |
|  | HR | 210 aprox |
|  | Rhythm type | Narrow complex tachycardia (SVT) |
|  | PA | 90/40 |
| Altro | General E.O.: within the norm | |

Conduct of the simulation

- venous access + vital parameters

- ECG narrow complex tachycardia 210 bpm -> if not traced within 2 min hypotension → pulseless VT

Monitoring

- If they do adenosine -> administration leads to an asystole rhythm for a few seconds then returns to TPSV

- If pharmacologically retarded -> worsening instabilityand increases instability + VES (decrease in sensory and pressure)

GOAL 2 CARDIOVERSION OF UNSTABLE TACHYCARDIA

Management of pediatric sedation

Instructions for counsellors

Cardiologist: if called at the beginning he makes a fuss, says to come down, but in the meantime start therapy.

Anaesthetist: busy in paediatric emergency, arrives as soon as possible.