

History:

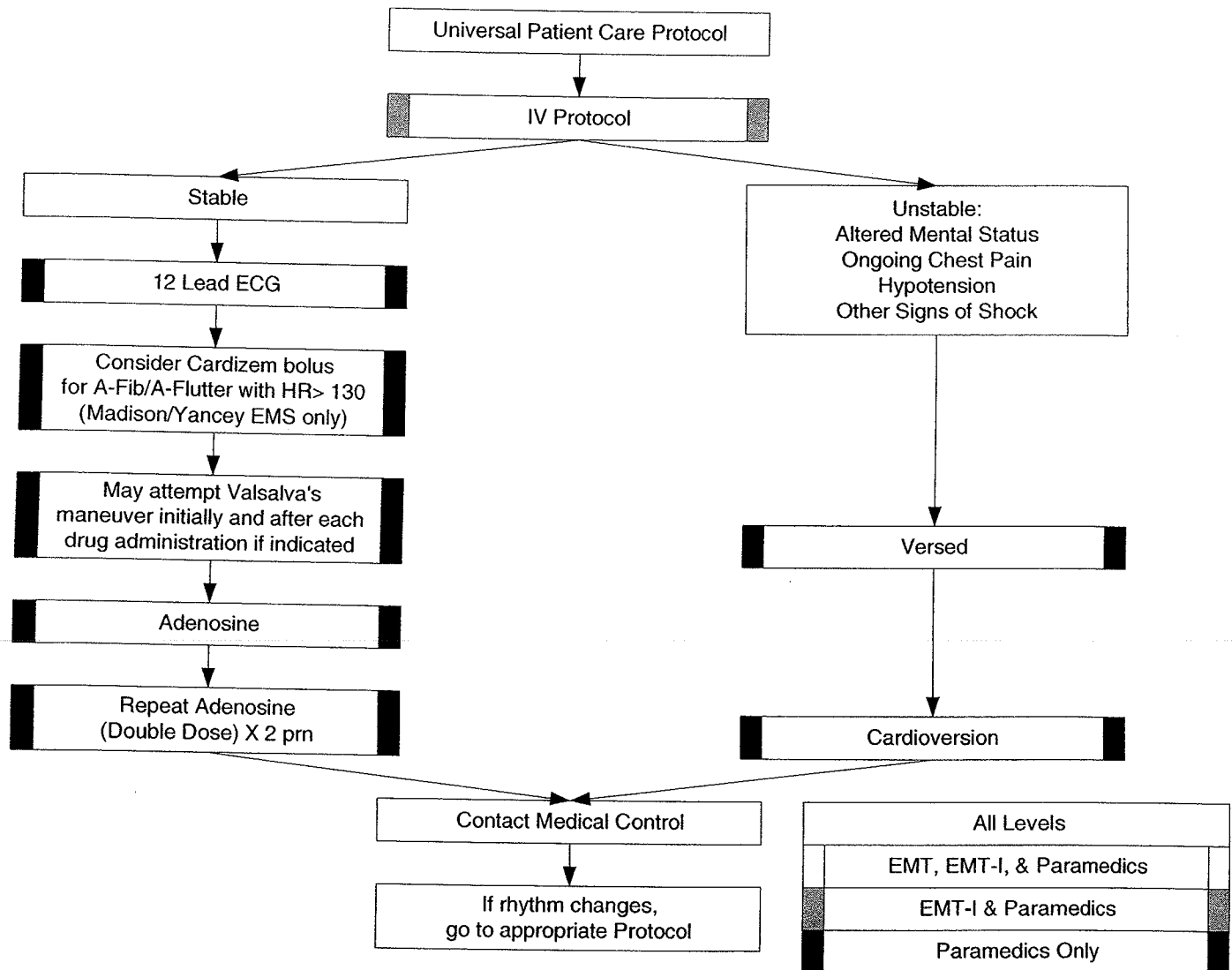
- Medications
(Aminophylline, Decongestants, Thyroid supplements, Digoxin)
- Diet Pills,
Diet (caffeine, chocolate)
- Drugs (nicotine, cocaine)
- Past medical history
- History of palpitations/heart racing
- Syncope/near syncope

Signs / Symptoms:

- HR > 150/Min
- QRS < .12 Sec
- Dizziness, CP, SOB
- Potential Presenting Rhythm
-Sinus Tachycardia
-Multifocal Atrial Tachycardia

Differential:

- Heart Disease (WPW, Valvular)
- Sick Sinus Syndrome
- Myocardial Infarction
- Electrolyte Imbalance
- Exertion, Pain, Emotional Stress
- Fever
- Hypoxia
- Hypovolemia or Anemia
- Drug Effect/Overdose (see History)
- Hyperthyroidism
- Pulmonary Embolus



Pearls:

- Exam: Vital Signs, Mental Status, Skin, Neck, Lung, Heart, Abdomen, Back, Extremities, Neuro
- Consider a proximal IV site when administering Adenosine.
- Continuous Pulse Oximetry is required for all SVT Patients.
- Document all rhythm changes with monitor strips and obtain monitor strips with each therapeutic intervention.