

Any UNSTABLE patient with a tachyarrhythmia should be cardioverted/defibrillated.

Otherwise consider the following differential diagnosis and treatments:

Narrow Complex Regular

1. Sinus Tachycardia
2. SVT
3. Aflutter

Treatment:

1. Sinus Tach – treat the cause (sepsis, pain, hypovolemia, etc.)
2. SVT/Aflutter – break or slow conduction through the AV node (adenosine or metoprolol)

Wide Complex Regular

1. Ventricular Tachycardia
2. SVT with aberrancy
3. Antidromic WPW

Treatment:

1. ANY UNSTABLE SYMPTOMS – cardiovert
2. If MONO-morphic and regular, can try adenosine
3. Amiodarone

Narrow Complex Irregular

1. A-flutter with variable block
2. A-fib
3. MAT

Treatment:

1. Slow conduction through the AV node (metoprolol)

Wide Complex Irregular

1. Ventricular Fibrillation
2. Polymorphic VT or Torsades
3. A-fib with WPW
4. Aflutter with variable AV Block and bundle branch block

Treatment:

1. Low threshold for defibrillation