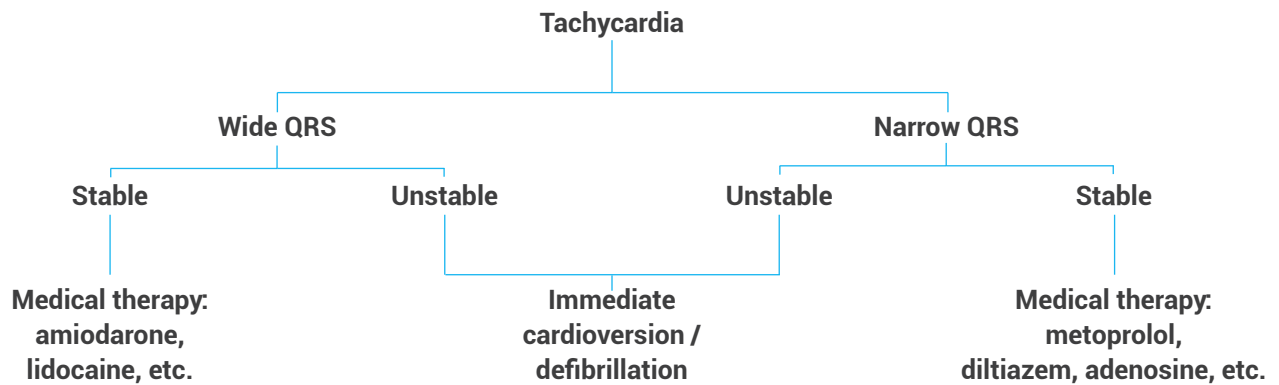


## Rhythm disturbances

# MANAGING NARROW COMPLEX TACHYCARDIAS

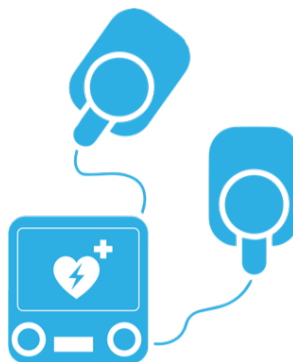
Fast rhythms can have a wide or narrow QRS complex.



Either type of rhythm may be the primary cause of shock, but a narrow QRS is more likely to be secondary to another process, like severe hypotension. This is sometimes called **pseudo-PEA**, and should prompt evaluation for other causes of non-cardiogenic shock (hypovolemic, distributive, obstructive). Any rhythm may be stable or unstable. This is defined by the patient's clinical condition.

### *Unstable narrow-complex tachycardias*

An **unstable** narrow-complex tachycardia should generally be treated with **cardioversion / defibrillation**.



## Stable narrow-complex tachycardias

A **stable** narrow-complex tachycardia may be amenable to **medical therapy**. This may be considered in conjunction with ECG evaluation and / or expert consultation.



### Medical options for supraventricular tachycardias commonly include

- Beta-blockers like metoprolol
- Non-dihydropyridine calcium channel blockers like diltiazem
- Adenosine