Clinical Practice Guidelines:
Cardiac/Tachycardia – narrow complex

Policy code	CPG_CA_TNC_0418
Date	April, 2018
Purpose	To ensure consistent management of patients with tachycardia – narrow complex.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
Source of funding	Internal – 100%
Author	Clinical Quality & Patient Safety Unit, QAS
Review date	April, 2021
Information security	UNCLASSIFIED – Queensland Government Information Security Classification Framework.
URL	https://ambulance.qld.gov.au/clinical.html

While the QAS has attempted to contact all copyright owners, this has not always been possible. The QAS would welcome notification from any copyright holder who has been omitted or incorrectly acknowledged.

All feedback and suggestions are welcome. Please forward to: Clinical.Guidelines@ambulance.qld.gov.au

Disclaimer

The Digital Clinical Practice Manual is expressly intended for use by QAS paramedics when performing duties and delivering ambulance services for, and on behalf of, the QAS.

The QAS disclaims, to the maximum extent permitted by law, all responsibility and all liability (including without limitation, liability in negligence) for all expenses, losses, damages and costs incurred for any reason associated with the use of this manual, including the materials within or referred to throughout this document being in any way inaccurate, out of context, incomplete or unavailable.

Tachycardia – narrow complex

April, 2018

Narrow complex tachycardia (NCT) is defined as a heart rate > 100 bpm with a QRS width < 0.12 seconds[1] and can be classified into *cardiac* or *non-cardiac* aetiology.

Cardiac – usually supraventricular or atrial in origin:

- SVT – Re-entry mechanism caused by:
  - stimulants (e.g. drugs, alcohol, coffee, energy drinks)
  - increase in sympathetic tone
  - electrolyte or acid-base disorders
  - hyperventilation
  - emotional stress or pre-excitation for example Wolff-Parkinson-White syndrome
- Atrial
  - atrial fibrillation
  - multiple atrial ectopics
  - atrial flutter.

Non-cardiac – the presence of a P-wave indicates a sinus tachycardia that can result from:

- pain/anxiety
- hyperthermia/fever
- drug induced
- anaemia

Clinical features

- Palpitations
- Chest pain and/or discomfort (described as burning, pressure or tightness) often rate related
- Dyspnoea
- ALOC
- Haemodynamic instability

Risk Assessment

- Pre-hospital synchronised cardioversion is RARELY required for NCT.
- AF patients (> 24 hour history) are at risk of thrombus formation and therefore if appropriate a delayed approach to synchronised cardioversion should be considered.[2]

Additional information

- Modified Valsalva manoeuvre should only be considered for patients with a regular NCT.

CPG: Clinician safety

CPG: Standard cares

Suspected cardiac origin?

N

Manage as per:

Relevant CPG

Y

Haemodynamically compromised?

N

Regular rate?

N

Consider:

- Oxygen
- Aspirin (if myocardial ischaemia suspected

Y

Synchronised cardioversion

Consider:

- Oxygen
- Aspirin (if myocardial ischaemia suspected
- IV fluid

Y

Consider:

- Oxygen
- Aspirin (if myocardial ischaemia suspected
- Modified Valsalva Manoeuvre

Note: *Clinicians are only to perform procedures for which they have received specific training and authorisation by the QAS.*

Transport to hospital

Pre-notify as appropriate