Foundations Frameworks
Approach to Tachydysrhythmias

Stable vs Unstable?

Unstable
- SBP < 90
- AMS, CP

Electrical Cardioversion
• Synchronized
• 100-200 J biphasic
• 360 J monophasic

Stable

P Waves?

Normal P-waves:
Likely sinus

Unstable

Wide QRS

Narrow QRS

Stable

Atrial Flutter vs AVNRT

A-flutter: Rate vs Rhythm Control, Anticoagulation

AVNRT: vagal maneuver, adenosine

A-flutter vs A-flutter w/ variable conduction

A-fib vs A-flutter w/ variable conduction

Regular

Irregular

A-fib vs A-flutter w/ variable conduction

Regular

Irregular

Treat as V-tach (could be SVT w/ bundle branch block conduction)

Likely A-fib with bundle branch block but don’t miss...

Electrical Cardioversion

A-fib w/ WPW

Polymorphic, rate > 200: CARDIOVERT

Consider Amiodarone, Lidocaine, Magnesium

Rate vs Rhythm Control, Anticoagulation

Variable conduction

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