



Assess using the ABCDE approach

- Monitor SpO₂ and give oxygen if hypoxic
- Monitor ECG and BP, and record 12-lead ECG
- Obtain IV access
- Identify and treat reversible causes (e.g. electrolyte abnormalities)

Synchronised DC Shock*
Up to 3 attempts

Seek expert help

- Amiodarone 300 mg IV over 10-20 min
- Repeat shock
- Then give amiodarone 900 mg over 24 h



Yes - Unstable

Adverse features?

- Shock
- Syncope
- Myocardial ischaemia
- Heart failure

Is QRS narrow (< 0.12 s)?

No - Stable

Broad

Narrow

Broad QRS
Is QRS regular?

Irregular

Regular

Seek expert help



Possibilities include:

- AF with bundle branch block treat as for narrow complex
- Pre-excited AF consider amiodarone

If VT (or uncertain rhythm):
Amiodarone 300 mg IV over 20-60 min then 900 mg over 24 h

If known to be SVT with bundle branch block:
Treat as for regular narrow-complex tachycardia

- Vagal manoeuvres
- Adenosine 6 mg rapid IV bolus if no effect give 12 mg if no effect give further 12 mg
- Monitor/record ECG continuously

Sinus rhythm achieved?

Yes No

Probable re-entry paroxysmal SVT:

- Record 12-lead ECG in sinus rhythm
- If SVT recurs treat again and consider anti-arrhythmic prophylaxis

Narrow QRS
Is rhythm regular?

Regular

Irregular

Probable AF:

- Control rate with beta-blocker or diltiazem
- If in heart failure consider digoxin or amiodarone
- Assess thromboembolic risk and consider anticoagulation

Seek expert help



Possible atrial flutter:
Control rate (e.g. with beta-blocker)

*Conscious patients require sedation or general anaesthesia for cardioversion