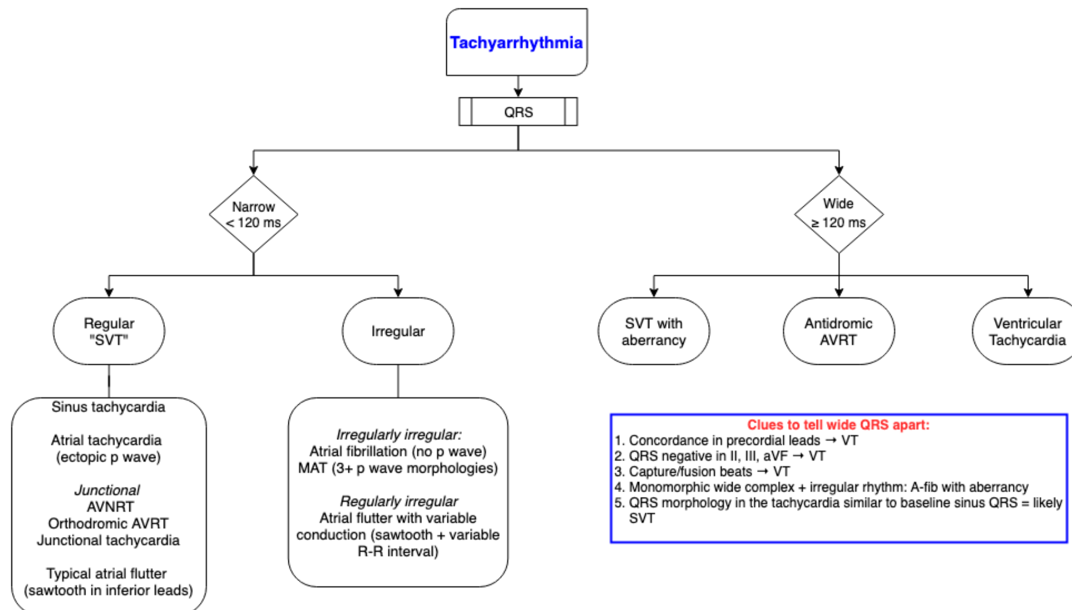
RUN THE LIST

Tachyarrhythmias

Compiled by Moses Murdock (@haematognomist)
Discussants: Dr. David Wang (host) & Victor Nauffal (discussant)

1. Approach to tachyarrhythmia:

- Is the patient hemodynamically stable? No → synchronized cardioversion vs. defibrillation
- ECG schema, consider using Brugada criteria to tell VT & SVT with aberrancy apart
- Check out the SVT schema from our friends over at the CPSolvers!



- Hx/Physical - illness scripts:
  - Young, narrow complex, regular → AVNRT > orthodromic AV reciprocating tachycardia
  - Mitral valve disease/structural heart disease, irregular rhythm → Atrial fibrillation
  - Pulmonary pathology → Atrial flutter or MAT (classically associated with advanced pulmonary disease)
- Labs: BMP, thyroid profile, troponin, BNP, urine toxicology (screening for stimulants)
- Imaging: Echo (looking for underlying structural or valvular heart disease)
- Altering AV node conduction. Should terminate AVNRT, AVRT, can clarify other arrythmias
  - Maneuver: modified Valsalva
  - Pharmacologic: adenosine

2. Management:

- AVRT/AVNRT: rate control (beta blockers, CCB) → ablation
- Atrial tachycardia: rate control (β-blockers, CCB) → rhythm control (Class IC, III)→ ablation
- Atrial Fibrillation: see dedicated RunTheList episode
- Atrial flutter: rate control less efficacious → ablation, anticoagulation similar to A-fib
- MAT: does not respond to cardioversion. Avoid rate/rhythm control medications. Focus on underlying trigger
- Sinus tachycardia: look for underlying trigger