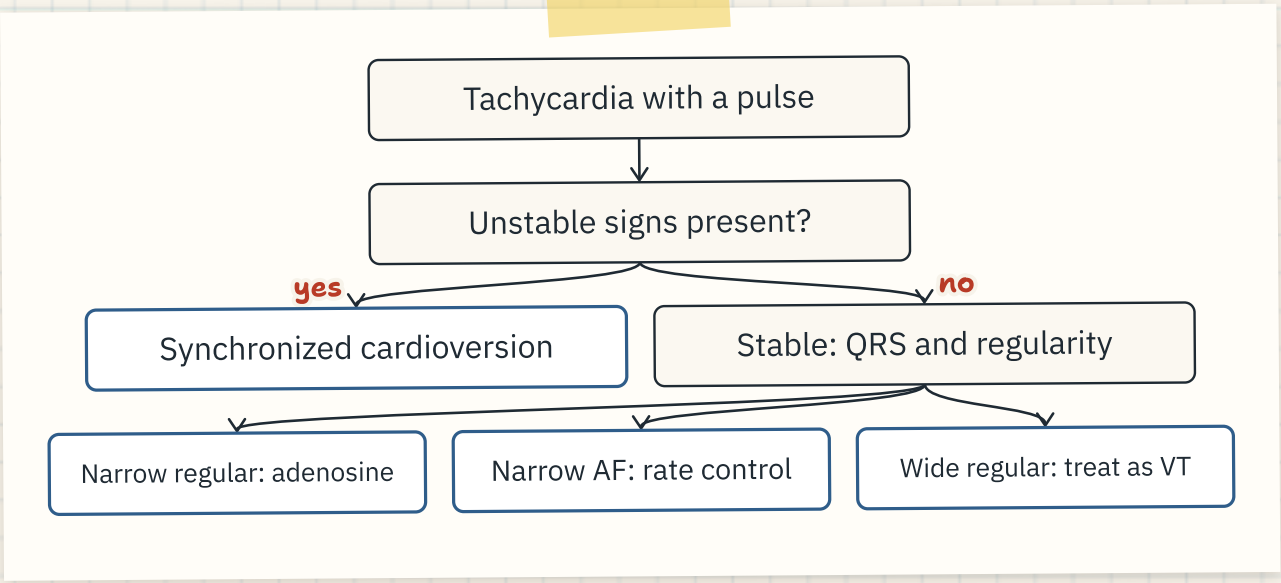
Tachycardia with a pulse: shock or drug?

Stability first, then QRS width and regularity



Step by step

1. Unstable (low BP, altered mental status, shock, ischemic chest pain, acute heart failure)? Synchronized cardioversion
2. Sedate first if awake
3. Stable narrow regular: vagal maneuvers, adenosine 6 mg then 12 mg
4. Stable narrow irregular: beta blocker or diltiazem (not in weak-pump heart failure or pre-excitation)
5. Stable wide regular: treat as VT, procainamide or amiodarone

Rhythm	Start
Narrow-complex tachycardia	100 J
Monomorphic VT	100 J
Atrial fibrillation or flutter	200 J
Polymorphic VT	Defibrillation dose, not synchronized

2025 AHA starting energies (synchronized)

Rule of thumb

Unstable with a pulse: synchronized shock

Stable: QRS width and regularity choose the drug

Sinus tachycardia: treat the cause

Exam traps

- ! Never give diltiazem to a wide rhythm.
- ! Polymorphic VT is defibrillated, not synchronized.
- ! Increase the energy if the first shock fails.

Unstable tachycardia: synchronized cardioversion or drugs?

Video, written lesson, practice question and sources: medservatory.com/usmle-step-2-ck/emergency-acute-care/unstable-tachycardia-synchronized-cardioversion-vs-drugs

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