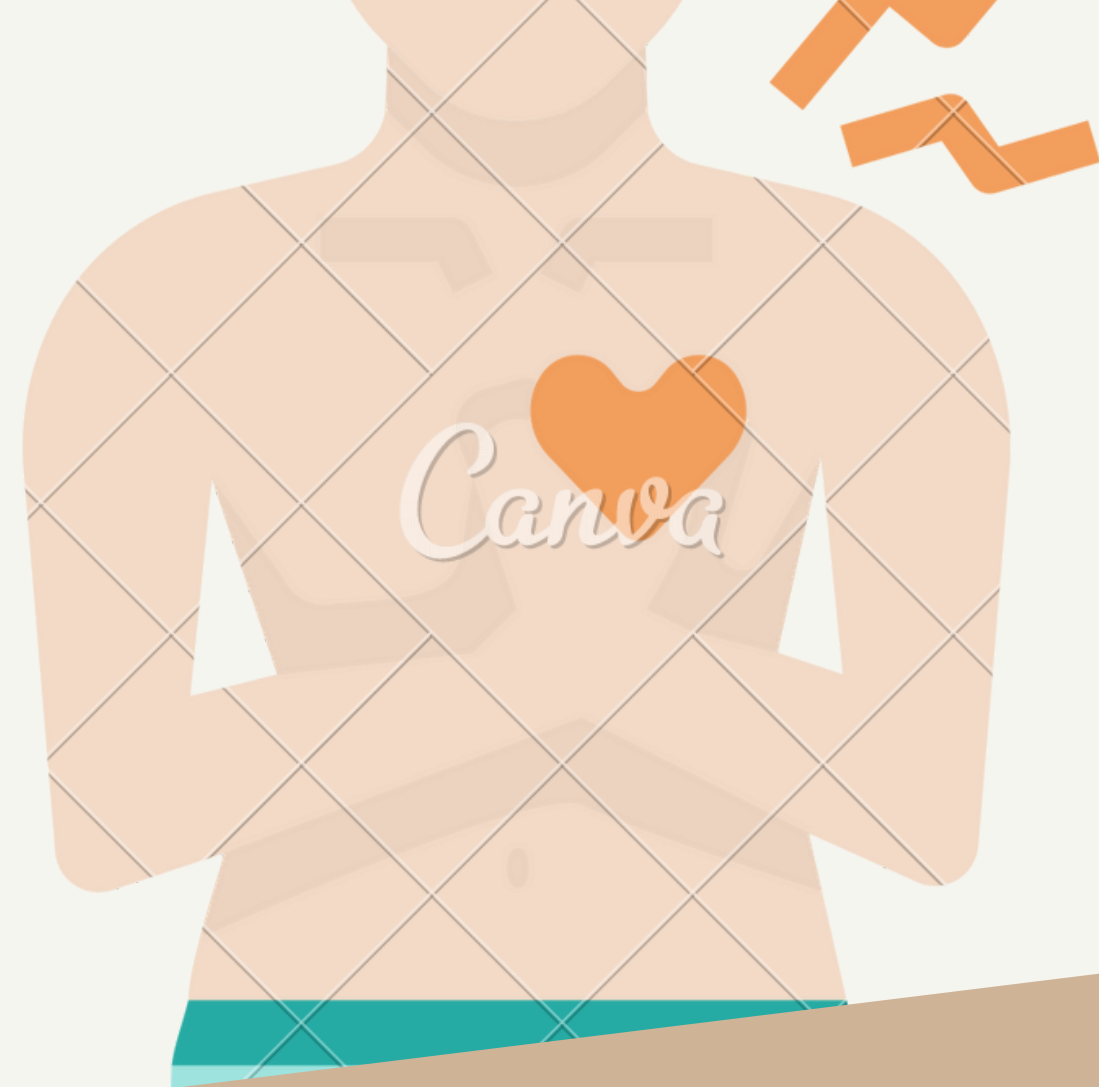
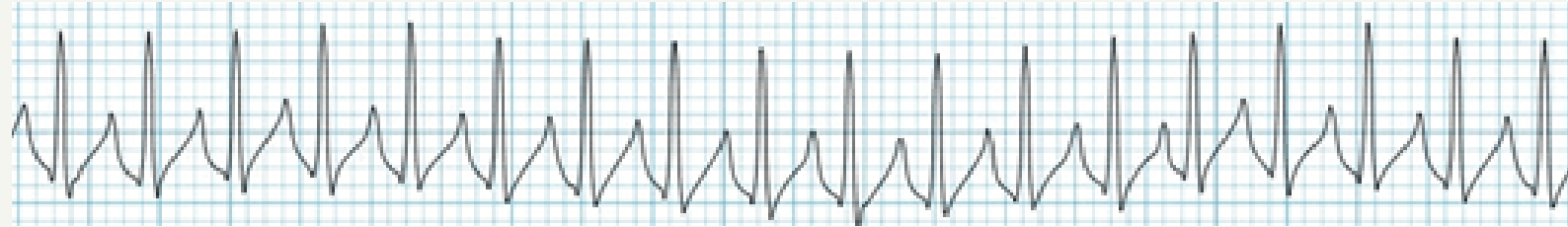


Supraventricular Tachycardia

Supraventricular Tachycardia (SVT) refers to any tachycardia caused by electrical impulses originating above the heart's ventricles.



ECG Features

Narrow-complex tachycardia unless bundle branch block is present in which case QRS complexes will be wide
Often no visible P waves as they are hidden by QRS complexes

Triggers

caffeine
alcohol
exercise
drugs (e.g. cocaine, MDMA, amphetamine)
acute illness (e.g. hyperthyroidism, infection, PE, hypovolaemia)
metabolic derangement (e.g. high or low K or Ca, hypoxia, high CO₂, acidosis)

Population

More common in younger females (generally <40 years old) with no underlying conditions.

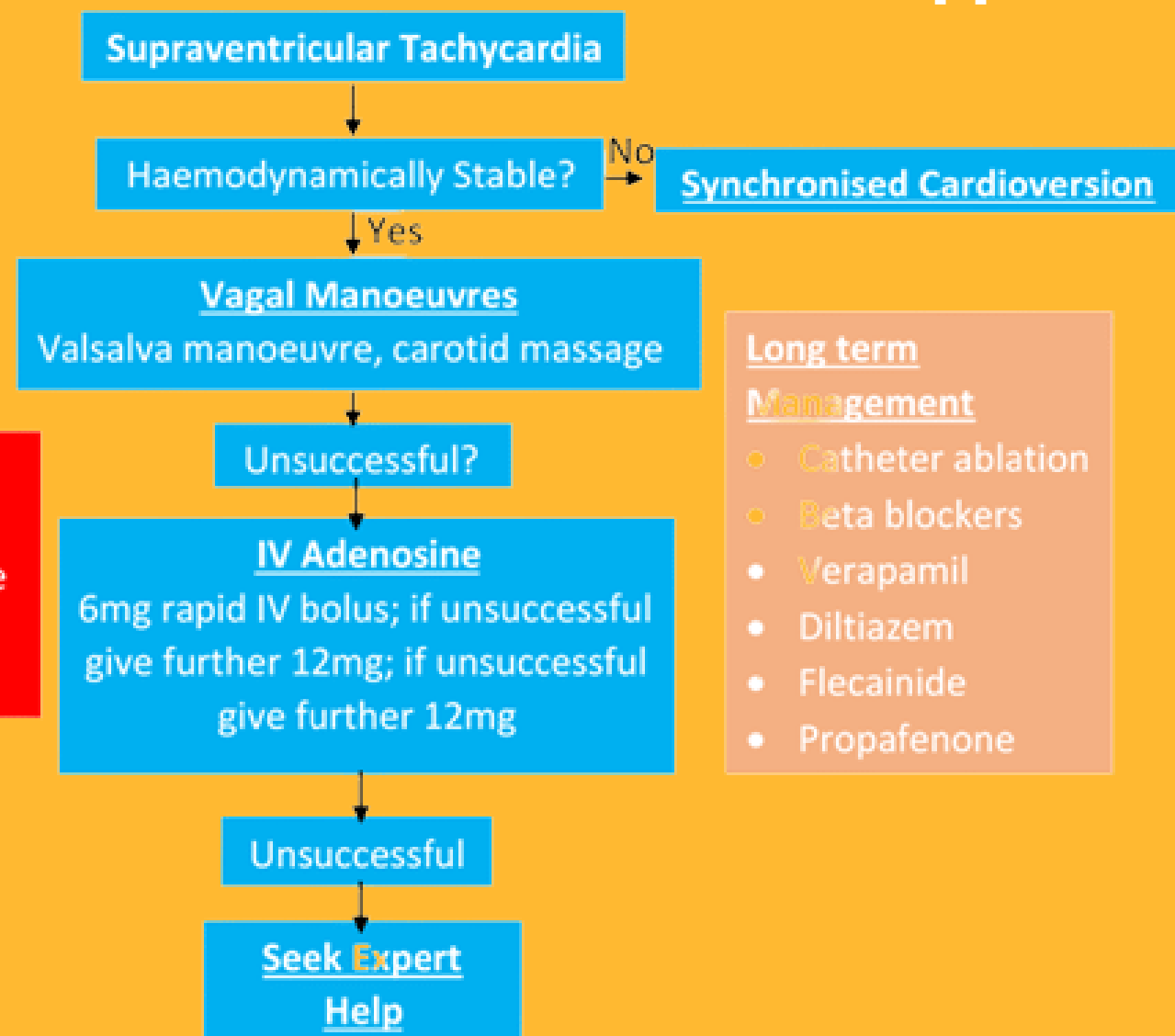
Classification

Technically atrial fibrillation, atrial flutter and even physiological (e.g. exercise induced) tachycardia fall under SVT. In clinical practice, however, SVT usually refers to AV node re-entry tachycardia (AVNRT), whereby, a re-entry circuit forms within or near the AV node. Other examples of SVT include atrioventricular re-entry tachycardia (AVRT) where an accessory pathway forms, such as the Bundle of Kent, that is not part of or near the AV node, or junctional tachycardias.

Signs & Symptoms

sudden onset
palpitations
syncope
chest pain
pre-syncope
dyspnoea
tachycardia

Management use an ABCDE approach



!!Caution!!
Adenosine is contraindicated in severe asthma instead use verapamil

