**Faced with a regular, narrow-complex tachycardia?**

***(If irregularly-irregular, it’s atrial fib!)***

**Patient Presentation Most Likely**

|  |  |
| --- | --- |
| **Obvious sympathetic stimulation:** pain, fear, exercise, anxiety, hypoxia, hypovolemia, stimulant drugs, hypotension.  **Onset at rest, no signs of sympathetic stimulation** | **Sinus Tachycardia**  **PSVT** |

**Rhythm**

|  |  |
| --- | --- |
| **Regular with premature beats or rate gradually changing over time.**  **Perfectly regular.** | **Sinus Tachycardia**  **PSVT** |

**P Waves** *(may be hidden in previous T wave if rate is fast enough.)*

|  |  |
| --- | --- |
| **P waves are before the QRSs. Upright in Leads I and II.**  **P waves may be before, during, or after the QRS and may be inverted in I & II** | **Sinus Tachycardia**  **PSVT** |

**Rate** (*Sinus tach can be 100-200, and PSVT can be 100 – 200+)*

|  |  |
| --- | --- |
| **Under 150 bpm**  **Between 130 & 160 bpm**  **Over 160 bpm** | **Sinus Tachycardia**  **Check mult. Leads for atrial flutter with 2:1 conduction**  **PSVT** |

**Onset – Offset**

|  |  |
| --- | --- |
| No definite onset or offset, rate gradually changes  **Sudden onset & offset, from one distinct rate to another in one or two beats.** | **Sinus Tachycardia**  **PSVT** |

**This is an intentionally over-simplified chart that does not address all the different types of “supra-ventricular tachycardias”. It is mainly an aid to recognizing sinus tachycardia before making treatment decisions. Unfortunately, there is a wide-spread “rule” being taught that “any narrow-complex tachycardia that is under 150 bpm is sinus tach and any narrow-complex tachycardia over 150 bpm is PSVT”. This is an erroneous and potentially dangerous thing to teach.**

**ECG Guru, Inc.**