MANAGING TACHYCARDIA
Assess patients using the ABCDE approach to identify signs of critical illness. Ensure appropriate senior help is called if necessary, following EWS escalation protocols:

● Ensure patients have a clear airway and are breathing adequately;
● For those who are critically ill, administer oxygen as prescribed – see part 2 of this series (Jevon, 2010);
● Monitor vital signs and complete the EWS chart following local protocols. It is important to adjust the frequency of EWS observations following local protocols;
● Try to identify the cause of the tachycardia. For example, observe for signs of pain, anxiety and pyrexia. Check if medication that might cause tachycardia has recently been administered;

● If necessary, take steps to relieve pain and monitor the effects of interventions such as analgesia and repositioning as appropriate;
● Lie patients flat if they are hypotensive or feeling lightheaded. Intravenous fluids may be prescribed to increase circulating volume of fluid;
● Start ECG monitoring if appropriate and record a single lead ECG strip. If indicated, record a 12 lead ECG; this will help to establish the correct interpretation of the ECG rhythm (Nolan et al, 2005);
● The Resuscitation Council (UK) (2006) provides guidance for the effective and safe management of patients with a tachyarrhythmia (fast atrial fibrillation, narrow complex tachycardia and broad complex tachycardia). The algorithm is available at tinyurl.com/tachycardia-RCUK.

CONCLUSION
Tachycardia could indicate critical illness. Nurses should always assess patients using the ABCDE approach and administer oxygen if needed. They should complete the EWS charts following local systems, ensuring escalation protocols are followed if required.

REFERENCES