

A New Key for Unlocking SVT:

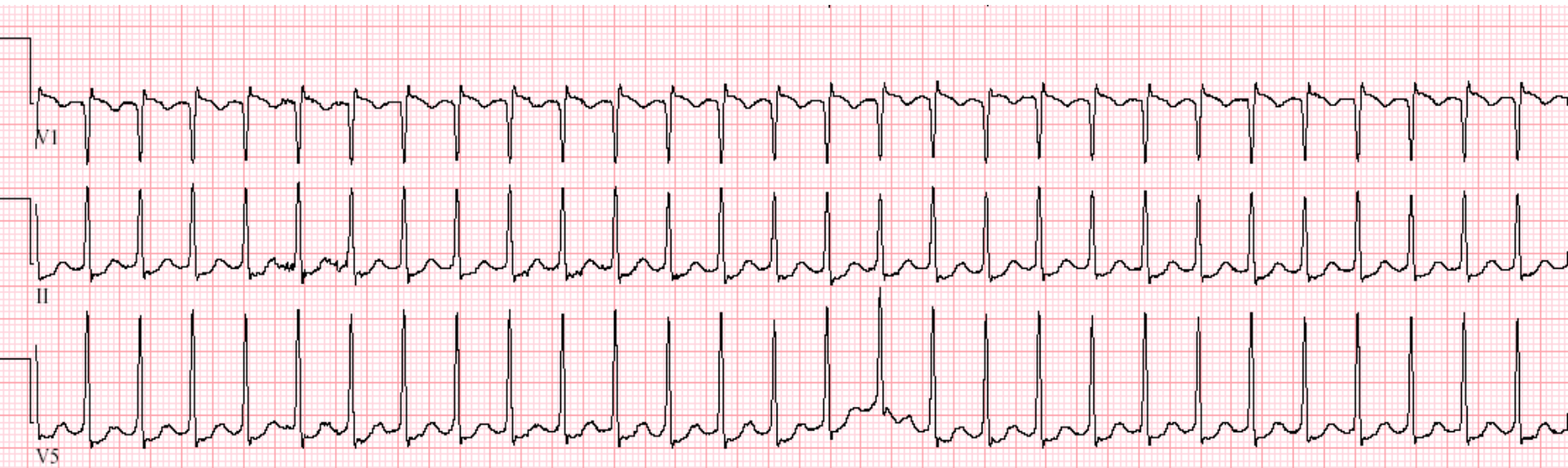
Why Verapamil Instead of Adenosine?

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SVT – rate 176 bpm



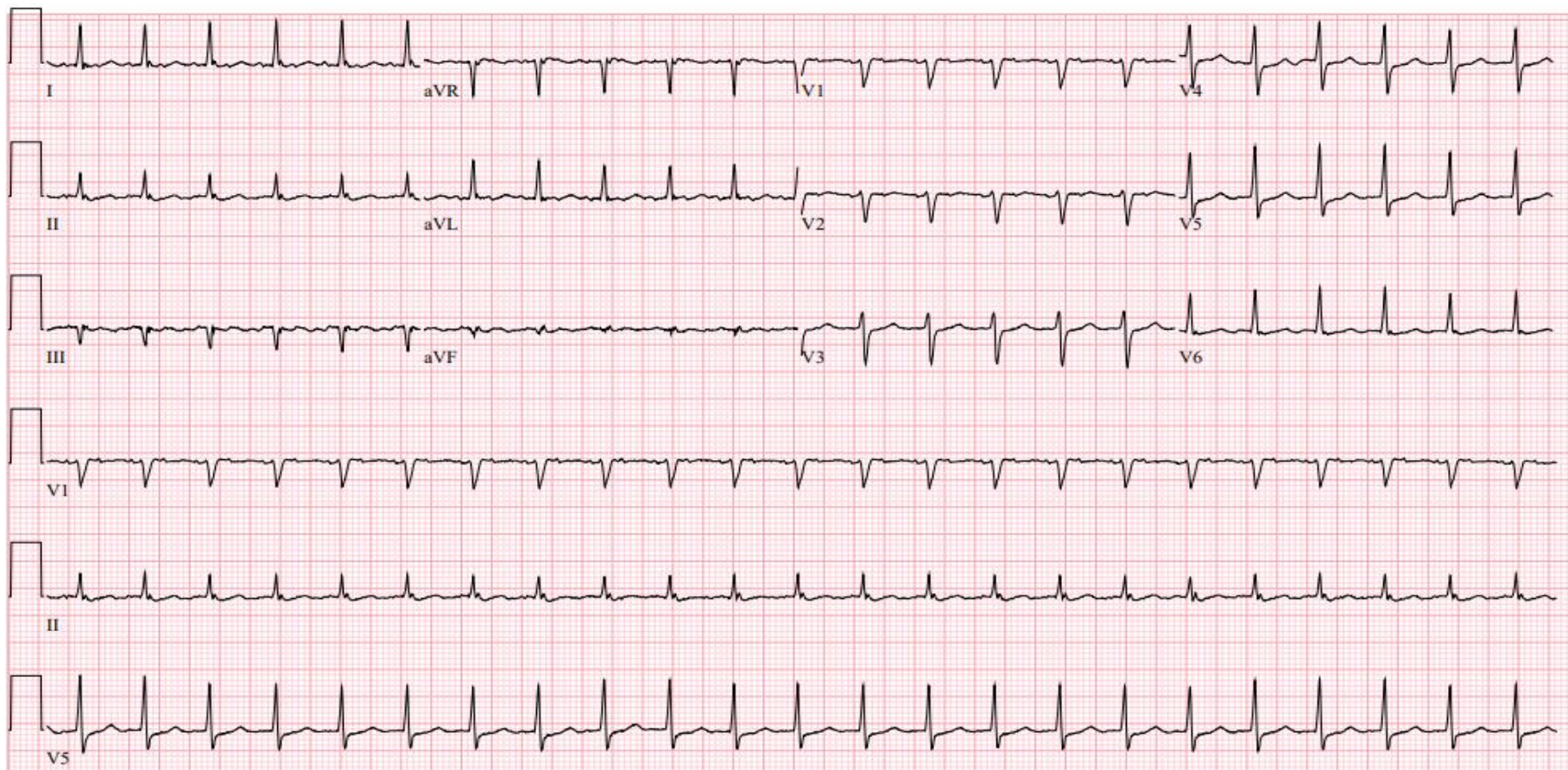
The Exorcist

Types of SVT

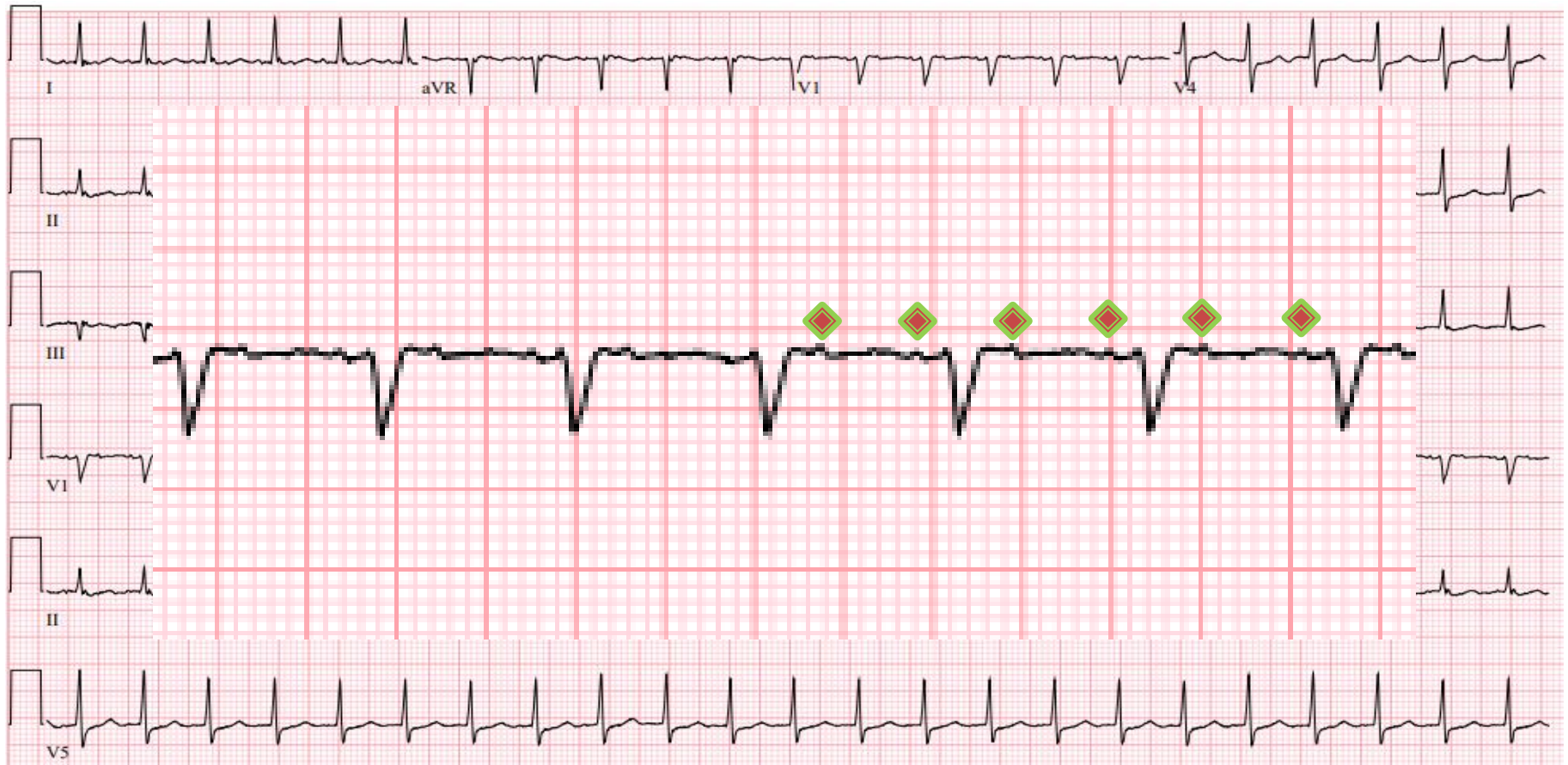
Narrow SVT in Adults

- Sinus Tachycardia
- **AV Notal Reentry Tachycardia (AVNRT)**
- **Atrioventricular Reciprocating Tachycardia**
- **Atrial Tachycardia**
- **Atrial Flutter**
- Atrial Fibrillation
- Junctional Tachycardia
- Sinus Node Reentrant Tachycardia
- Multifocal Atrial Tachycardia

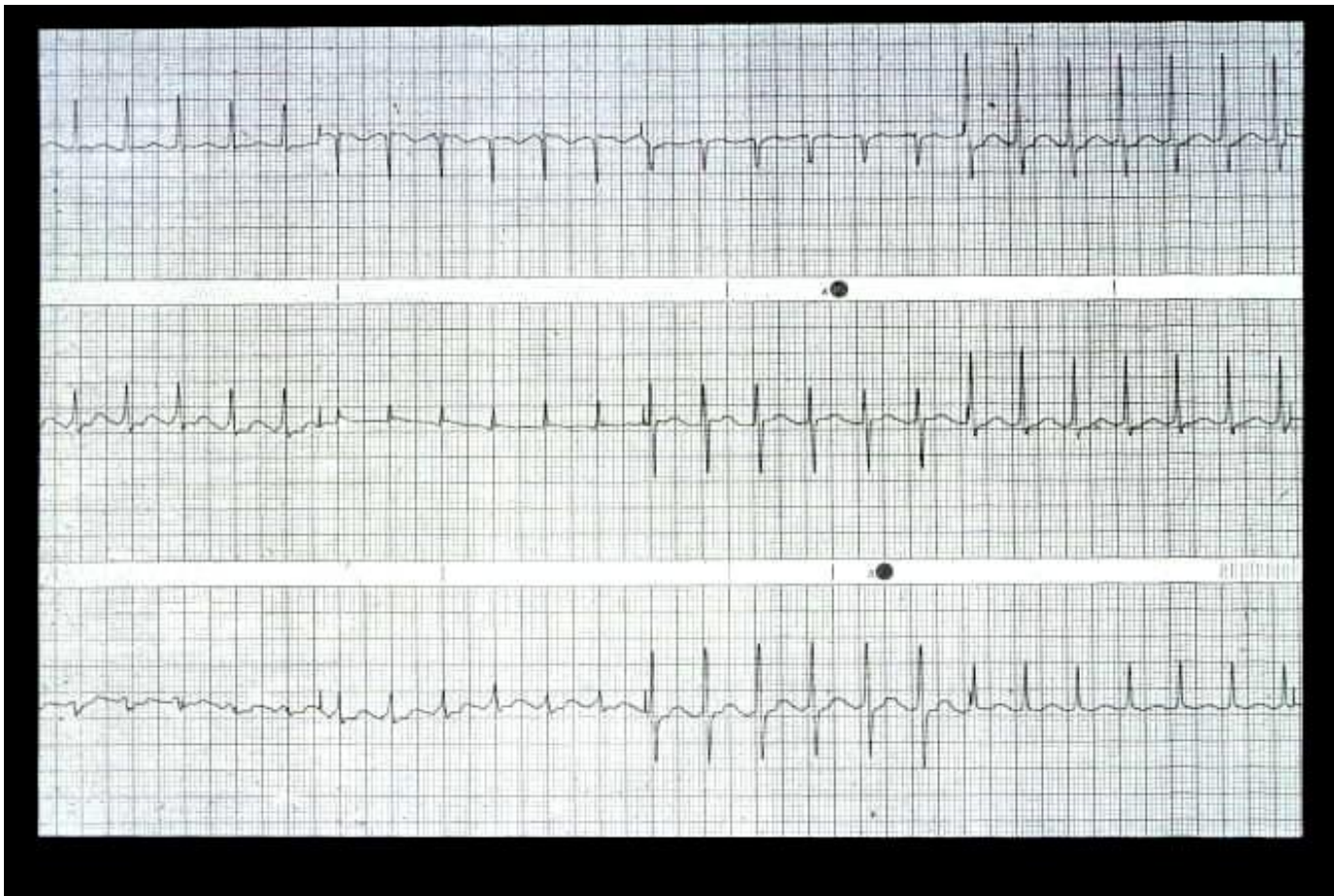
Hmm? – HR 146



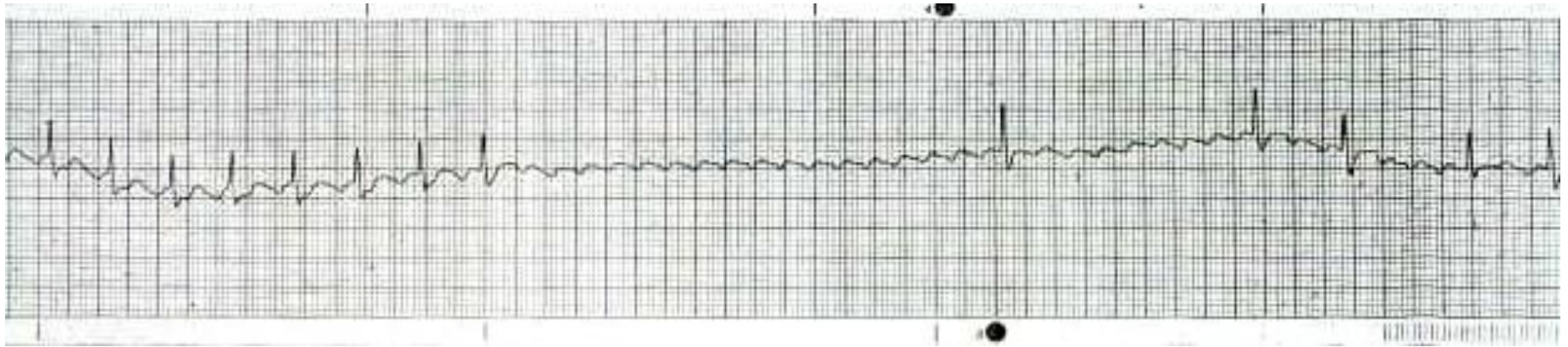
Hmm? Atrial flutter with 2:1 conduction



SVT vs. A Flutter



Atrial flutter unmasked by adenosine



SVT Treatment Options

- Vagal Maneuvers
 - Enhanced Valsalva
- Electricity
- Medications
 - Adenosine
 - Calcium Channel Blocker
 - verapamil
 - diltiazem

AHA Guidelines

Recommendations for Pharmacological Therapies for Regular Narrow-Complex Tachycardia		
COR	LOE	Recommendations
1	B-R	1. Vagal maneuvers are recommended for acute treatment in patients with SVT at a regular rate.
1	B-R	2. Adenosine is recommended for acute treatment in patients with SVT at a regular rate.
2a	B-R	3. IV diltiazem or verapamil can be effective for acute treatment in patients with hemodynamically stable SVT at a regular rate.
2a	C-LD	4. IV β -adrenergic blockers are reasonable for acute treatment in patients with hemodynamically stable SVT at a regular rate.

Clinical paper

Slow infusion of calcium channel blockers compared with intravenous adenosine in the emergency treatment of supraventricular tachycardia *

S.H. Lim^a, V. Anantharaman^a, W.S. Teo^b, Y.H. Chan^c

Lim, et al, Resuscitation, 2009

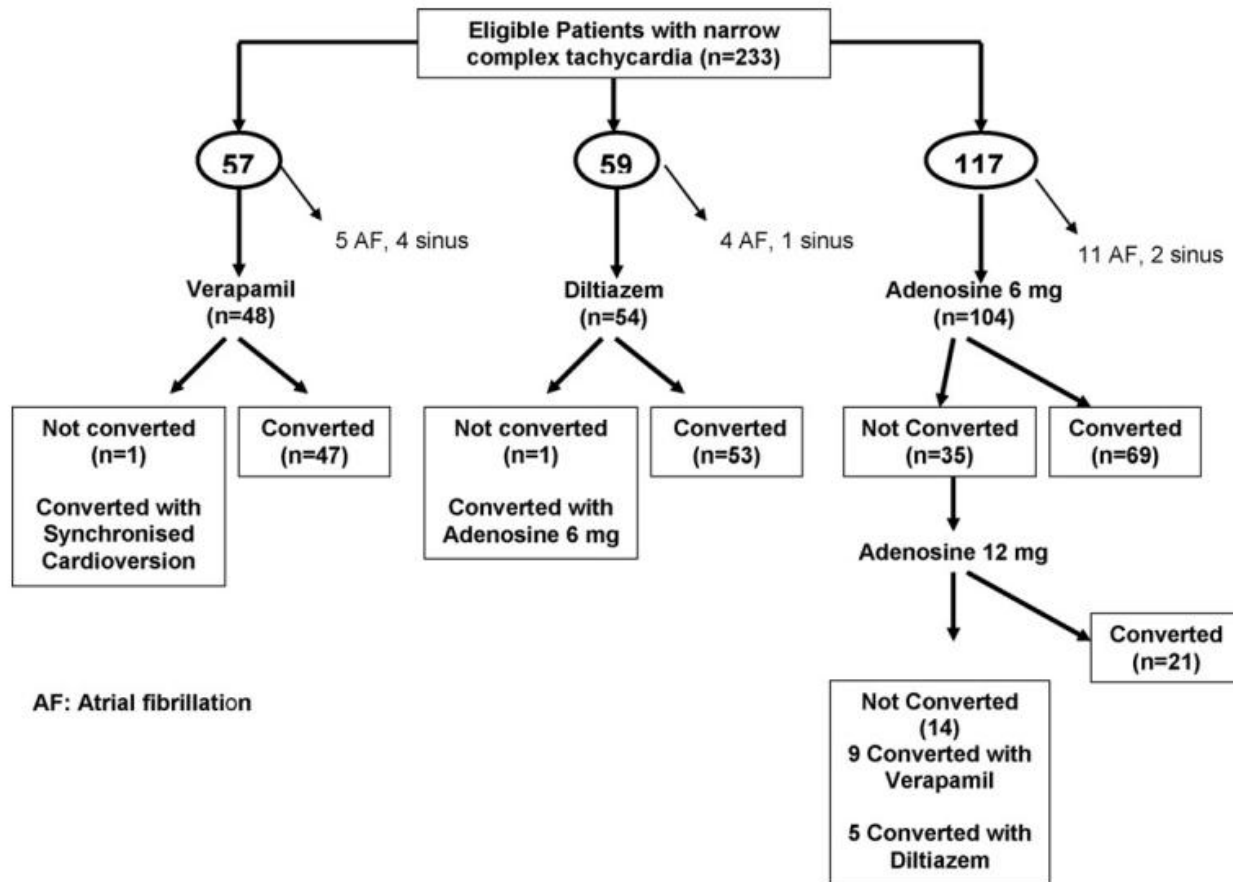


Fig. 1. Results of treatment of SVT patients.

Why verapamil (CCB)?

- Easy Administration
 - Contraindications: Wide-complex, Low BP, Pregnancy, < 1 y/o
- Low side effects
- Actually treats atrial flutter/fib
- Patient-centric = NO Temporary Death
- No fanfare

- Shelf stable (verapamil)