JUNCTIONAL ECTOPIC TACHYCARDIA (JET) PATHWAY



Narrow complex tachycardia Atrial ECG: AV disassociation or retrograde P-waves **Electrolyte Goals** Inclusion No response to rapid atrial pacing Mg > 2 All children that have had iCa > 1.4 cardiac surgery and are K > 4.0 diagnosed with JET **General Measures Exclusion** Reduce agitation Non-operative JET If patient is intubated: Mild hypothermia (35-36°C) Increase dexmedetomidine Any arrhythmia that Is Reduce inotropes if possible to 1 mcg/kg/hr not JET Order amiodarone bolus (2.5mg/kg) and drip (10mg/kg/day) to Patients on bedside STAT If patient is extubated: extracorporeal Provider to call pharmacy at time of amiodarone order Limit dexmedetomidine drip membranous Page Cardiology Fellow (they will contact EP) to 0.5 mcg/kg/hr oxygenation (ECMO) Reassess in 15 minutes Is patient's Yes HR < 165? No Give amiodarone bolus (2.5mg/kg) over 30 minutes* then start infusion at 10mg/kg/day *In unstable patients, bolus may be given over 60 minutes Reassess rate and rhythm every 1 hour, if patient is stable Is patient's Yes HR < 165? No Repeat amiodarone bolus (2.5mg/kg) over 30 minutes and amiodarone infusion may be increased to 15 then 20 mg/kg/day Is patient's Yes HR < 165? No Consider cooling if patient is intubated (33-35°C) Is patient's Yes HR < 165?

No If continued JET, reconvene with EP AAI pace above junctional rate



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Disclaimer: Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgement and taking into account individual patient and family circumstances.