

JUNCTIONAL ECTOPIC TACHYCARDIA (JET) PATHWAY

Electrolyte Goals

- Mg > 2
- iCa > 1.4
- K > 4.0

If patient is intubated:
Increase dexmedetomidine to 1 mcg/kg/hr

If patient is extubated:
Limit dexmedetomidine drip to 0.5 mcg/kg/hr

- Narrow complex tachycardia
- Atrial ECG: AV disassociation or retrograde P-waves
- No response to rapid atrial pacing

General Measures

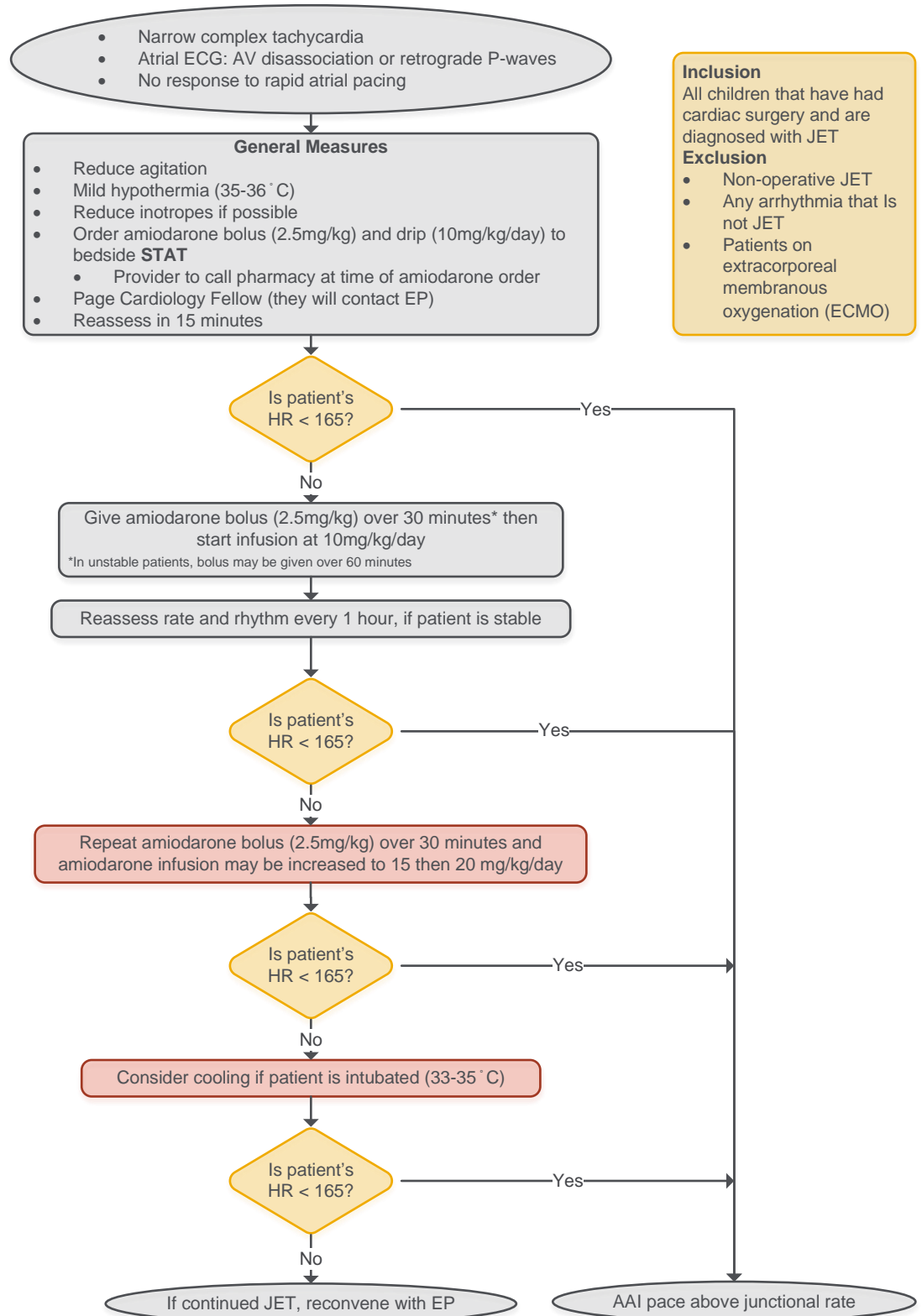
- Reduce agitation
- Mild hypothermia (35-36 °C)
- Reduce inotropes if possible
- Order amiodarone bolus (2.5mg/kg) and drip (10mg/kg/day) to bedside **STAT**
 - Provider to call pharmacy at time of amiodarone order
- Page Cardiology Fellow (they will contact EP)
- Reassess in 15 minutes

Inclusion

All children that have had cardiac surgery and are diagnosed with JET

Exclusion

- Non-operative JET
- Any arrhythmia that is not JET
- Patients on extracorporeal membranous oxygenation (ECMO)



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.