**APPROACH TO REGULAR NARROW-COMPLEX TACHYCARDIAS**

**Step 1:** First make sure that the rhythm is narrow (QRS < 120 ms) and that it is a tachycardia (rate > 100).

**Step 2:** Is the dominant rhythm regular or irregular?

**Regular narrow-complex tachycardia:**

**Differential diagnosis (memorize this list):**
- Sinus tachycardia
- Atrial flutter
- SVT – AV nodal reentrant tachycardia (AVNRT)
- SVT – AV reentrant tachycardia (AVRT)
- SVT – atrial tachycardia (AT)
- Accelerated junctional tachycardia

**Note:** A very fast irregular rhythm (fast atrial fibrillation) can look like a regular narrow complex tachycardia.

**Approach:**

1. **What is the rate?**
   - 100-140: this will likely be sinus tachycardia or an accelerated junctional tachycardia. Remember that the upper limit of normal for sinus tachycardia is 220 – age. Also remember that an accelerated junctional tachycardia is usually at a rate of 100-120.
   - 140-160: think of atrial flutter with 2:1 block.
   - 160-220: think of an SVT (AVNRT, AVRT, AT).

2. **Find the P waves:**
   - No P waves seen: consider accelerated junctional tachycardia for slower rhythms and AVNRT for faster rhythms.
   - P waves present and PR < RP (= P wave just before the QRS):
     - Is the P upright in leads I and II and is the PR interval normal? If the answer is yes, you're probably dealing with a sinus tachycardia. If the answer is no, you're probably looking at an atrial tachycardia.
   - P waves present and PR > RP (= P wave just after the QRS): if the rate is slower (100-120), think of an accelerated junctional tachycardia with retrograde P waves. If the rate is fast (> 160), think of AVRT.
   - P waves present and going at a rate of 300: think of atrial flutter.

3. **Clues for specific rhythms:**
   - Sinus tachycardia: upright P wave in I and II and normal PR interval. The maximum rate is usually 220-age. In most cases, the rhythm speeds up and slows down gradually.
   - Atrial flutter: look for “saw-tooth” waves in the inferior leads (II, III, aVF). The rate is usually approximately 150 and there are P waves going at a rate of 300.
   - AVNRT: look for the pseudo S wave in lead II and the pseudo R’ wave in lead V1.
   - AVRT: look for the P wave just after the QRS.
   - AT: looks like a sinus tachycardia except that the P waves are not upright in both I and II and the PR interval is usually shortened.