

Suspected Junctional Ectopic Tachycardia? Obtain 12 lead ECG with atrial wire study and refer to the following guidelines when JET is diagnosed:

Junctional Ectopic Tachycardia(JET)Guidelines

Date Initiated___/___/___

Patient Barcode Label



Notes: (1) This pathway is a general guideline and does not represent a professional care standard governing providers' obligations to patients. Care is revised to meet the individual patient needs. (2) This is a quality improvement document and should not be a part of the patient's medical record.

After Diagnosis of JET:

General Initial Management

Adequate analgesia and sedation (fentanyl / dexmedetomidine / benzodiazepine) Ensure patient is euvolemic with adequate RV filling

If possible reduce catecholamine infusions

Keep normothermic or mildly (35 – 36.5 Celcius)

Keep electrolytes within normal range including Mg (Mg 2.5mg/dL minimum)

Medication:

Magnesium sulphate (50mg/kg)

Amiodarone (5mg/kg repeated to max 20mg/kg)

Esmolol (50-300mcg/kg/min) OR Procainamide (10mg/kg load then 10 – 40mcg/kg/min)

Pacing:

AAI pace if V rate too low after the above. DDD mode if heart block present.