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___/___/___**

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*Notes: (1) This pathway is a general guideline and variations can occur based on professional judgment to meet 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 euvoletic 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.