Referral to The Fetal Center

- Comprehensive US
- Fetal echocardiogram

Tachycardia confirmed (ventricular rate > atrial rate; rate > 200 bpm)

Admit to antenatal floor

- Baseline maternal EKG
- Baseline electrolytes and Mg level
- If fetal hydrops: baseline LFT's creatinine, platelets and protein/creatinine ratio

Arrange transfer to Transplant ICU

- Start intravenous MgSO4 (6gr load followed by 2 gr/hr infusion)
- Start propranolol (80 mg BID)

Resolution of tachycardia

No resolution after 24 hours

Begin oral MgSO4 (200 mg BID)

Repeat echocardiogram Q week X 3

Change to mexiletine (200 – 300 mg p.o. Q 8 hr)

Add lidocaine infusion (1.0 – 1.5 mg/kg bolus then 1 – 4 mg/ml)

Resolution of VT

No resolution of VT

Likely long QT syndrome
Check family hx of sudden death and do EKG’s on family

This algorithm was developed to promote consistency in the general care of patients. This algorithm is flexible and is not intended to set out a standard of care. Professional judgment must always be exercised in order to meet the specific requirements of individual patients. This algorithm does not preclude the use of professional judgment in a specific situation. This algorithm is the intellectual property of Memorial Hermann Healthcare System and cannot be reproduced in whole or in part without expressed written permission.

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