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

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)

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

Is patient’s HR < 165?
No

Give amiodarone bolus (2.5mg/kg) over 30 minutes* then start infusion at 10mg/kg/day
*In unstable patients, bolus may be given over 60 minutes

Reassess rate and rhythm every 1 hour, if patient is stable

Is patient’s HR < 165?
No

Repeat amiodarone bolus (2.5mg/kg) over 30 minutes and amiodarone infusion may be increased to 15 then 20 mg/kg/day

Is patient’s HR < 165?
No

Consider cooling if patient is intubated (33-35°C)

Is patient’s HR < 165?
Yes

If continued JET, reconvene with EP

AAI pace above junctional rate

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.

ChildrensOmaha.org/Pathways

Updated 08/2022