

Valsalva (Modified) Maneuver

Applies to:	
P	Paramedic

Clinical Indications:

1. Clinically stable patient with narrow complex tachycardia. Do not attempt this procedure on a patient with serious signs or symptoms, which include: Hypotension; acutely altered mental status; signs of shock/poor perfusion; chest pain with evidence of ischemia (e.g., STEMI, T-wave inversions, or depressions); and acute CHF.

Procedure:

1. Place the patient on a cardiac monitor; ensure continuous ECG monitoring throughout procedure.
2. Describe the procedure to the patient.
3. Position the patient so that the patient is sitting in a semi-recumbent (45°) position.
4. Have the patient inhale and hold his/her breath while bearing down as if to have a bowel movement, or have the patient blow into a 10ml syringe. Instruct the patient to continue bearing down or blowing into the syringe until told to stop; time the event for 15 seconds.
5. *Immediately* lie the patient supine and elevate the patient's legs to 45° for 15 seconds.
6. Lower the patient's legs such that the patient is in a supine position and reassess the cardiac rhythm after 45 seconds.
7. Continue to monitor the heart rhythm during the procedure. **Stop** the procedure if the patient becomes confused, the heart rate drops below 100 or asystole occurs.
8. If the patient remains in a narrow complex tachycardia, repeat the procedure one time.
9. Document the initial and all subsequent ECG rhythms and any dysrhythmia in the prehospital care record.

