

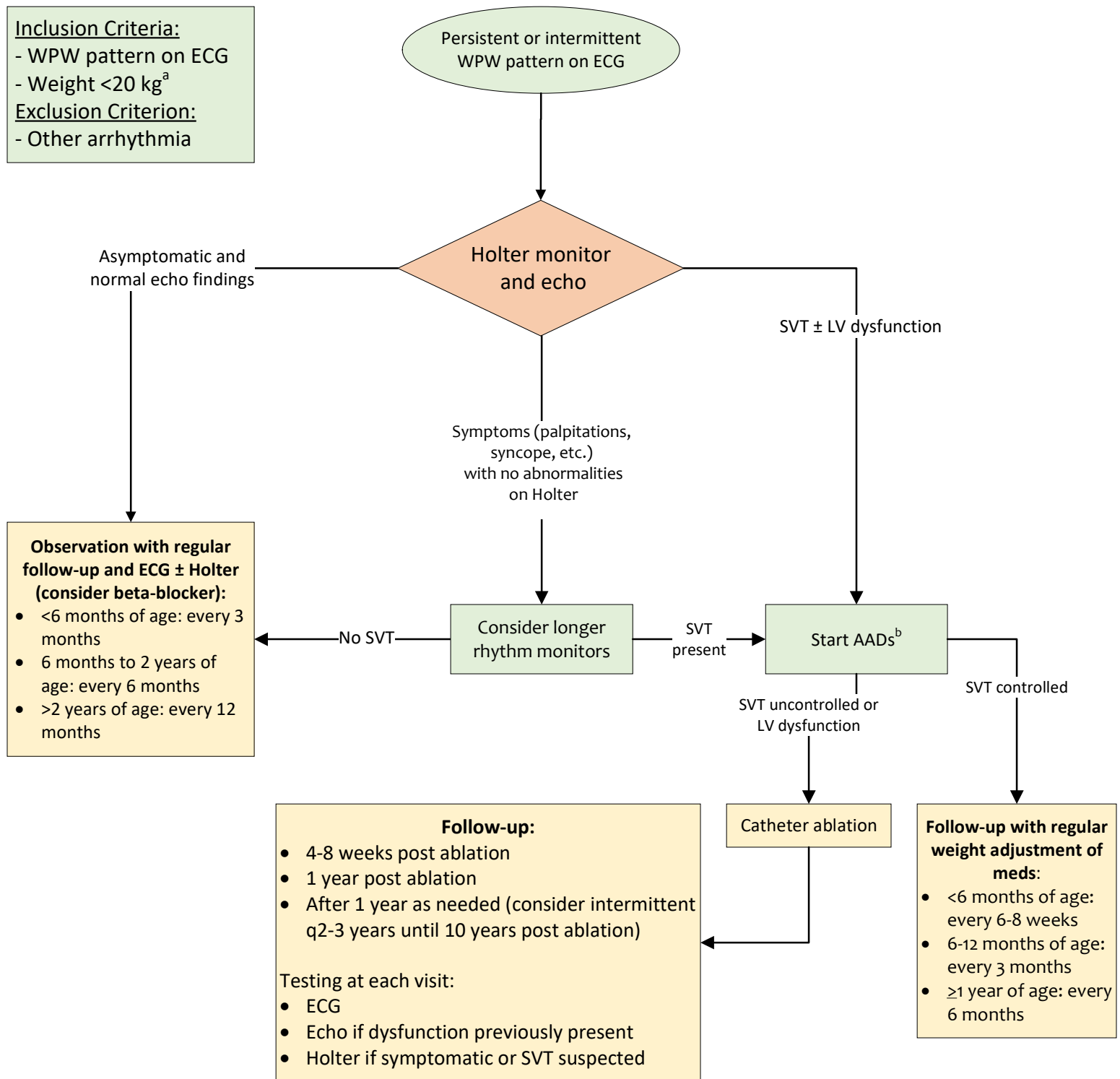
# CHD Clinical Practice Algorithm: Wolff-Parkinson-White Syndrome: Child <20 kg<sup>1-9</sup>

## Inclusion Criteria:

- WPW pattern on ECG
- Weight <20 kg<sup>a</sup>

## Exclusion Criterion:

- Other arrhythmia



<sup>a</sup>Consider EPS in symptomatic patients at >15-20 kg, depending on institutional practice and SDM with patient/family.

<sup>b</sup>Typical first line: propranolol 2-4 mg/kg/day divided q6-8 hours.

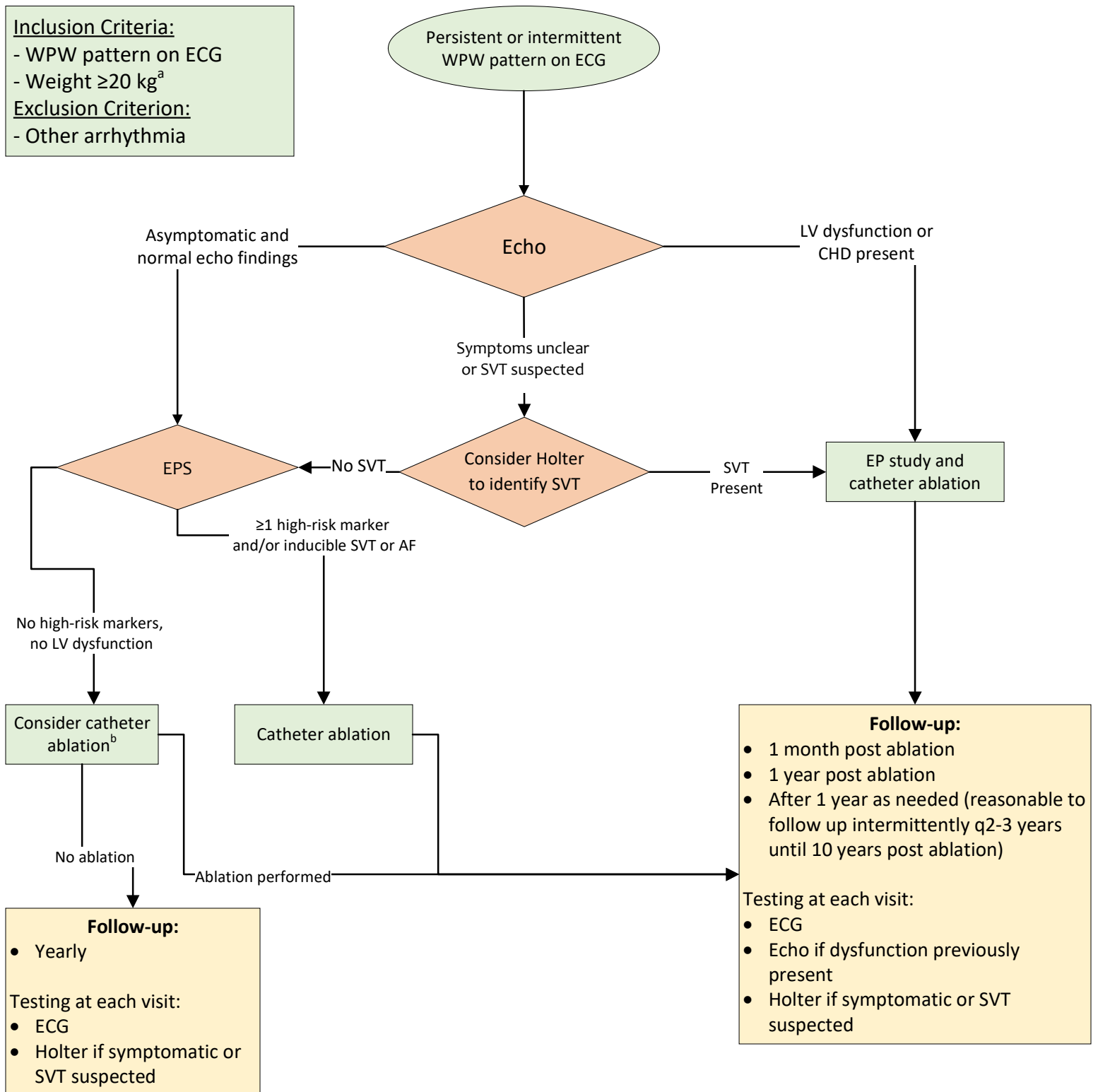
# CHD Clinical Practice Algorithm: Wolff-Parkinson-White Syndrome: Child $\geq 20$ kg<sup>1-10</sup>

## Inclusion Criteria:

- WPW pattern on ECG
- Weight  $\geq 20$  kg<sup>a</sup>

## Exclusion Criterion:

- Other arrhythmia



<sup>a</sup>Institution dependent. May consider waiting until  $\geq 30$  kg.

<sup>b</sup>After discussing limitations of risk stratification and risks of ablation based on likely pathway location.

## Abbreviations

AAD = antiarrhythmic drug; AF = atrial fibrillation; CHD = congenital heart disease; ECG = electrocardiogram; echo = echocardiogram; EPS = electrophysiology study; LV = left ventricular; SDM = shared decision-making; SVT = supraventricular tachycardia; WPW = Wolff-Parkinson-White.

## References

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