

SYMPTOMATIC BRADYCARDIA

Adult Bradycardia (with pulse)

Heart Rate < 50

YES

NO

- Perform **Initial Treatment Protocol**
- Oxygen (if Hypoxic)
- ECG Monitor
- Monitor BP and SpO2
- Obtain IV / IO Access
- Perform 12 lead ECG

Is Bradycardia associated with signs of poor perfusion:

- Hypotension
- Acutely Altered Mental Status
- Signs of Shock
- Chest Discomfort
- Acute Heart Failure
- Ischemic or abnormal ECG findings

Closely monitor and observe for possible deterioration during transport

Identify and Treat Underlying causes for all patients

Increase Heart Rate With:

Atropine 0.5 mg IV. May repeat every 3 - 5 minutes up to a maximum dose 3 mg; Atropine administration should not delay implementation of external pacing for patients.

Transcutaneous Pacer: If Atropine is ineffective, patient with poor perfusion, or high degree AV Block. (consider pre-medication with **Midazolam (Versed®)** 2 mg for TCP)

Fentanyl (Sublimaze®) 1 microgram/kilogram - up to 100 micrograms max single dose, slow IV.



Consider:

Apply transcutaneous pacer pads to patients presenting in AV Block