

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.

If no pain relief after two (2) minutes, may repeat Fentanyl **PER MCP order** at 1 microgram/kilogram up to 100 micrograms max per dose.



Consider:

Apply transcutaneous pacer pads to patients presenting in AV Block

If pacing ineffective **contact Medical Command Physician** for possible

Dopamine IV infusion
5 - 10 micrograms/kg/min

