2.07 DYSRHYTHMIA: SYMPTOMATIC BRADYCARDIA

BLS – FAQ Link

Position of comfort, (supine/semi-fowlers preferred in absence of difficulty breathing), call for ALS resources if BLS resource

ALS

Cardiac monitor and identify rhythm

Persistent heart rate < 50/min

Hypotension?
Acute altered mental status?
Signs of shock?
Ischemic chest discomfort?
Acute heart failure?

NO → 12 Lead ECG and observe

YES → 12 lead
Do not delay therapy

For suspected vagally mediated bradycardia

Atropine
1mg IV/ IO

May repeat q 5minutes if bradycardia is not resolved. Max dose 3mg

If atropine ineffective or bradycardia suspected to be non vagally mediated

Transcutaneous Pacing (TCP) as needed for continued unstable bradycardia

Strongly consider sedation with TCP-May use in presence of hypotension for TCP

Midazolam
Sedation/agitation: 5 mg IMx1 or 5 mg slow push IV/IO.
Maximum dose 5 mg IV/IO

OR

Epinephrine Infusion

Infuse at 1-3 drops per second IV/IO
Using 10 drop macro drip set

Apply "stand by" pacing pads

Follow protocol **2.17 Hyperkalemia** if bradycardia is suspected to be from hyperkalemia (e.g. peaked T waves or widening QRS, sine waves)

Follow protocol **2.10 Poisoning and Overdose** for suspected medication cause

Comments

- See **Destination Policy 5000** for transportation decisions
- Midazolam is not contraindicated in the presence of hypotension when used for TCP

2.07 DYSRHYTHMIA: SYMPTOMATIC BRADYCARDIA

BLS Treatment

- Position of comfort. Supine/semi-fowlers preferred in absence of difficulty breathing.
- Call for ALS resources if BLS resource

ALS Treatment

Current American Heart Association Guidelines concerning Emergency Cardiac Care assessments and interventions shall always take precedence over local protocols when there is a conflict concerning techniques of resuscitation.

- Cardiac monitor, and identify rhythm
- 12-lead EKG. If symptomatic, do not delay therapy in order to obtain 12 lead.
  - Start IV or IO
  - **Atropine** 1mg IVP/IO
  - If the heart rate <50 BPM, but hypotension persists: **Normal Saline** fluid bolus.
- If **Atropine** is ineffective, or if rhythm is suspected to be not vagally mediated**:** **Epinephrine Infusion** **:**Infuse 1-3 drops per second IV/IO and apply "stand by" pacing pads
  - Or
  - **Transcutaneous Pacing** (TCP) as needed for continued unstable bradycardia.
- Strongly consider sedation with TCP**,** may administer **Midazolam** :5 mg IM or 5mg slow IVP

Comments

- Symptomatic bradycardia defined as a heart rate <50/min, with any one or more of the following:
  - Hypotension
  - Acute altered mental status
  - Ischemic chest discomfort
  - Acute heart failure
- Follow Protocol **2.17 Hyperkalemia** if bradycardia is suspected to be from hyperkalemia (e.g., bradycardia, peaked T waves, or prolonged QRS (>.12 sec), sine wave)
- Follow protocol **2.10 Poisoning and Overdose** for suspected medication causes.
- See **Destination Policy 5000** for transport decisions.
- Midazolam is not contraindicated in the presence of hypotension when used for TCP.