

BLS – FAQ Link

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

ALS

12 lead EKG. Do not delay treatment to obtain 12-lead for unstable bradycardia
Apply “stand by” pad placement for TCP therapy
Normal Saline TKO IV/IO

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VERSION

Atropine
1mg IVP or IO.
If heart rate >50bpm, but hypotensive persist **Normal Saline** fluid bolus if lung sounds are clear

If hypotensive and bradycardic despite Atropine
Epinephrine Infusion
Infuse at 1-3 drops per second IV/IO
Using 10 drop macro drip set

Transcutaneous Pacing (TCP) as needed for continued unstable bradycardia
Strongly consider sedation with TCP
Midazolam
Sedation/agitation: 5 mg IMx1 or 5 mg slow push IV/IO. Maximum dose 5 mg IV/IO

- | Comments |
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| <ul style="list-style-type: none"> Follow protocol 2.17 Hyperkalemia if bradycardia is suspected to be from hyperkalemia (e.g. peaked T waves and widening QRS) See Destination Policy 5000 for transportation decisions TCP preferred in high degree heart blocks Midazolam is not contraindicated in the presence of hypotension when used for TCP Follow protocol 2.10 Poisoning and Overdose for causes (e.g cardiac medications) |

2.07 DYSRHYTHMIA: SYMPTOMATIC BRADYCARDIA- PUBLIC COMMENT APRIL 2024

BLS Treatment
<ul style="list-style-type: none"> • Position of comfort. <u>Supine/semi-fowlers preferred in absence of difficulty breathing.</u> • <u>Call for ALS resources if BLS dispatched</u> • NPO • Oxygen as indicated.
ALS Treatment
<p>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.</p> <ul style="list-style-type: none"> • IV/IO with Normal Saline TKO. • 12-lead EKG. If symptomatic, do not delay therapy in order to obtain 12 lead. <ul style="list-style-type: none"> • <u>Apply "stand by" pad placement for TCP therapy based on patient presentation</u> • <u>Normal Saline IV/IO TKO</u> • <u>Atropine 1mg IVP/IO</u> • <u>If the heart rate > 50 BPM, but hypotension persists: Normal Saline fluid bolus.</u> • Atropine. <u>If Atropine is ineffective, or administer Epinephrine infusion: Infuse 1-3 drops per second IV/IO or begin</u> Transcutaneous Pacing (TCP) as needed for continued unstable bradycardia. • If agitated during <u>Strongly consider sedation with</u> TCP and SBP > 90, may administer <u>Midazolam: 5 mg IM or 5mg slow IVP</u> • If the heart rate > 50 BPM, but hypotension persists: <u>Normal Saline fluid bolus.</u> <ul style="list-style-type: none"> • If Normal Saline bolus ineffective, administer Epinephrine infusion. Titrate to maintain SBP > 90.
Comments
<ul style="list-style-type: none"> • Follow Protocol 2.17 Hyperkalemia if bradycardia is suspected to be from hyperkalemia • <u>See Destination Policy 5000 for transport decisions</u> • <u>TCP is preferred in high degree heart blocks</u> • <u>Midazolam is not contraindicated in the presence of hypotension when used for TCP</u> • <u>Follow protocol 2.10 Poisoning and Overdose for causes (e.g cardiac medications)</u>



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SAN FRANCISCO EMS AGENCY
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