

2.07 DYSRHYTHMIA: SYMPTOMATIC BRADYCARDIA

BLS Treatment

- Position of comfort.
- NPO
- **Oxygen** as indicated.

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.

- IV/IO with **Normal Saline** TKO.
- 12-lead EKG. If symptomatic, do not delay therapy in order to obtain 12 lead.
- **Atropine** or **Transcutaneous Pacing (TCP)** as needed for continued unstable bradycardia.
- If agitated during TCP and SBP > 90, may administer **Midazolam**.
- **Morphine Sulfate**
- If the heart rate > 50 BPM, but hypotension persists: ○ **Normal Saline** fluid bolus. ○ If **Normal Saline** bolus ineffective, administer **Dopamine-epinephrine infusion**. Titrate to maintain SBP > 90.
- **If dialysis patient with suspected hyperkalemia [T wave is peaked; QRS is prolonged (>0.12 seconds) or hypotension develops] AND bradycardia is unresponsive to Atropine and Transcutaneous pacing, administer Calcium Chloride.**
- **ALS Treatment** If suspected hyperkalemia persists (peaked T wave; prolong QRS), administer **Albuterol** via nebulizer (helps drive K⁺ into cells).

Comments

Follow Protocol 2.17 Hyperkalemia if bradycardia is suspected to be from hyperkalemia

DRAFT