

<b>Symptomatic Bradycardia</b>	
<b>ADULT (HR less than 40 bpm)</b>	<b>PEDIATRIC (HR less than 60 bpm)</b>
<b>BLS Procedures</b>	
Administer oxygen as indicated	Administer oxygen as indicated If significant ALOC, initiate CPR
<b>ALS Standing Orders</b>	
<p>12 Lead ECG</p> <p>IV/IO access</p> <ul style="list-style-type: none"> <li>• <b>Atropine</b> <ul style="list-style-type: none"> <li>○ IV/IO – 1 mg</li> <li>○ May repeat q 5 min to a total max dose of 3 mg, if initial Atropine is transiently effective, or patient remains bradycardic without hemodynamic compromise.</li> </ul> </li> </ul> <p><u>Hypotension with signs of hypoperfusion</u> Initiate electrical and medical therapy concurrently, tailor additional therapy to patient response.</p> <ul style="list-style-type: none"> <li>• <b>Transcutaneous Pacing (TCP)</b> <ul style="list-style-type: none"> <li>○ Should be started immediately for 3<sup>rd</sup> heart blocks and 2<sup>nd</sup> Type 2 (Mobitz II) heart blocks</li> <li>○ <b>Pain Control</b> – per Policy 705.19                             <ul style="list-style-type: none"> <li>▪ Only needed for analgesia if pain present during TCP</li> </ul> </li> </ul> </li> <li>• <b>Epinephrine 10 mcg/mL</b> <ul style="list-style-type: none"> <li>○ 1 mL (10 mcg) q 2 minutes, slow IV/IO push</li> <li>○ Titrate to SBP ≥ 90 mm/Hg</li> </ul> </li> <li>• <b>Normal Saline</b> <ul style="list-style-type: none"> <li>○ 500 mL IV/IO bolus</li> <li>○ May repeat x 1 for total of 1,000 mL</li> <li>○ Withhold if signs of heart failure</li> </ul> </li> </ul> <p>Consider potential underlying causes for bradycardia:</p> <p><u>For suspected Overdose/Medication related bradycardia</u></p> <ul style="list-style-type: none"> <li>• Refer to Policy 705.18</li> </ul> <p><u>For suspected hyperkalemia</u></p> <ul style="list-style-type: none"> <li>• <b>Calcium Chloride</b> <ul style="list-style-type: none"> <li>○ IV/IO – 1 g</li> <li>○ Repeat x 1 in 10 min</li> </ul> </li> <li>• <b>Sodium Bicarbonate</b> <ul style="list-style-type: none"> <li>○ IV/IO – 1 mEq/kg</li> <li>○ Repeat 0.5 mEq/kg x 2 q 5 min</li> </ul> </li> </ul>	<p>If CPR indicated, initiate CAM and reference appropriate cardiac arrest treatment protocol</p> <p>IV/IO access (only if patient in extremis)</p> <ul style="list-style-type: none"> <li>• <b>Atropine</b> <ul style="list-style-type: none"> <li>○ IV/IO – 0.02 mg/kg</li> <li>○ Minimum single dose 0.1 mg</li> <li>○ Maximum single dose 1 mg</li> <li>○ May repeat q 5 min to a max total dose of 0.04 mg/kg</li> </ul> </li> <li>• <b>Epinephrine 10 mcg/mL</b> <ul style="list-style-type: none"> <li>○ 0.1 mL/kg (1 mcg/kg) q 2 minutes, slow IV/IO push</li> <li>○ Max single dose of 1 mL or 10 mcg</li> <li>○ Titrate to SBP to greater than Handtevy minimum</li> </ul> </li> </ul> <p>Consider potential underlying causes for bradycardia:</p> <p><u>For suspected Overdose/Medication related bradycardia</u></p> <ul style="list-style-type: none"> <li>• Refer to Policy 705.18</li> </ul>
<b>Base Hospital Orders Only</b>	
Consult with ED Physician for further treatment measures	
<p>Additional Information:</p> <ul style="list-style-type: none"> <li>○ Bradycardia does not require treatment unless signs and symptoms are present (chest pain, altered level of consciousness, abnormal skin signs, profound weakness, shortness of breath or low BP)</li> </ul>	