3050 BRADYARRHYTHMIA

EMR	EMT	EMT-IV	AEMT	INTERMEDIATE	PARAMEDIC

Bradycardia with a pulse
Heart rate < 60

- Support ABCs
- Give Oxygen Ref. Oxygen

Start IV

Initiate Transport

Acquire 12 lead

Are there signs or symptoms of poor perfusion present?

(Altered mental status, chest pain, hypotension, signs of shock)

Adequate perfusion

Monitor and transport

Poor perfusion

Prepare to perform transcutaneous pacing while administering Atropine.

If atropine fails to alleviate symptoms initiate TCP.

- Administer Epinephrine if bradycardia persists despite oxygenation/ventilation and chest compressions
- Atropine should be administered for increased vagal tone or AV block
- If no improvement, **Contact Base** to discuss Transcutneous Cardiac Pacing

Ref. Vasopressor Continuous Infusion early if pacing and poor perfusion or hypotension persists either due to lack of capture or poor contractility despite capture

Monitor and transport

Pediatric Considerations:

- Consider any HR <60 in an ill child abnormal regardless of age
- Perform CPR if HR < 60 with poor perfusion despite oxygenation and ventilation
- for increased vagal tone or AV block

Reminders:

- If pulseless arrest develops, ref. Pulseless Arrest
- Search for possible contributing factors: “5 Hs and 5 Ts”
- Symptomatic severe bradycardia is usually related to one of the following:
  - Ischemia (MI)
  - Drugs (beta blocker, Calcium channel blocker)
  - Electrolytes (hyperkalemia)