



Symptomatic Bradycardia

FIELD TREATMENT GUIDELINE C-04

INDICATION	<ul style="list-style-type: none"> Symptomatic Bradycardia: Heart rate < 60 with serious signs and symptoms. Patient must demonstrate a systolic blood pressure < 90 mmHg <u>and</u> one or more of the following: <ul style="list-style-type: none"> Chest pain. Shortness of breath. Pulmonary Edema.
BLS	<ul style="list-style-type: none"> Follow General Medical Care M-01. Identify and Treat Underlying Cause. 12-Lead ECG BP-03. (Do not delay therapy for 12-Lead ECG).
ALS	<ul style="list-style-type: none"> MODERATE SYMPTOMATIC BRADYCARDIA: Alert with serious signs and symptoms: <ul style="list-style-type: none"> Atropine: <i>Adult:</i> 0.5 mg IV/IO. Repeat every 5 minutes, MAX total dose of 3 mg. If patient doesn't respond to atropine or there is difficulty gaining IV/IO access: External Cardiac Pacing AP-07. <ul style="list-style-type: none"> Consider Sedation AP-14 if patient is awake and aware. If patient doesn't respond to atropine and external cardiac pacing: Push-Dose Epinephrine: <i>Adult:</i> 10 mcg IV/IO 1:10,000 every 1-3 minutes. Repeat as necessary to maintain a systolic blood pressure > 90 mmHg. SEVERE SYMPTOMATIC BRADYCARDIA: Altered mental status with serious signs and symptoms: <ul style="list-style-type: none"> External Cardiac Pacing AP-07 should be first line therapy for treating severe symptomatic bradycardia. <ul style="list-style-type: none"> Consider Sedation AP-14 if patient is awake and aware. If patient doesn't respond to external cardiac pacing: Push-Dose Epinephrine: <i>Adult:</i> 10 mcg IV/IO 1:10,000 every 1-3 minutes. Repeat as necessary to maintain a systolic blood pressure > 90 mmHg.
KEY CONCEPTS	<ul style="list-style-type: none"> Begin immediate transport if unable to establish IV/IO; continue treatment while transporting. Bradycardia is often seen in patients with STEMI or ischemia. 12-lead should be obtained. Sedation prior to starting pacing is not required. Critical patients should be paced first. Sedation in pacing is to decrease discomfort, not to decrease level of consciousness. Atropine is not often effective for wide-QRS third degree block and in heart-transplant patients.