



## BRADYCARDIA

**Effective:** January 1, 2021  
**Replaces:** April 27, 2017  
**Review:** January 1, 2023

### 1. BLS Treatment

- 1.1. Routine Medical Care – Adult **(700-S04)**
  - 1.1.1. **Oxygen** – titrate as appropriate
- 1.2. If patient is asymptomatic with stable perfusion, monitor the patient
- 1.3. Treat for signs and symptoms of shock as appropriate **(700-A10)**
- 1.4. If pulseless treat for cardiac arrest as appropriate **(700-A07)**

### 2. ALS Treatment

- 2.1. **Vascular Access (IV)**, TKO
- 2.2. **Vascular Access (IO)**, If patient is unconscious
  - 2.2.1. Consider **250ml Fluid bolus**, may repeat once to a maximum dose of 500ml
- 2.3. Obtain **12 lead ECG**
- 2.4. **Atropine Sulfate 0.5mg IV / IO**, may repeat every 3-5 minutes, total dosage of 3mg
  - 2.4.1. Do Not delay transcutaneous pacing (TCP) for Atropine Sulfate if the patient:
    - 2.4.1.1. Is unstable
    - 2.4.1.2. Has a second-degree type 2 heart block
    - 2.4.1.3. Has a third-degree heart block
- 2.5. Consider pre-transcutaneous pacing sedation with **Midazolam 2.5mg IV / IO**. May repeat once for a total dosage of 5mg if needed.
- 2.6. **Transcutaneous Pacing (TCP)**
  - 2.6.1. Begin at 80bpm and 0mA
  - 2.6.2. Increase in 10mA increments until capture is obtained, then increase output by 10mA
  - 2.6.3. If patient is still symptomatic increase rate by 10 bpm to a max of 100 bpm **(700-M10)**
- 2.7. Consider post-transcutaneous pacing sedation with **Morphine 2– 5 mg**, every 3-5 minutes, max dose of 20 mg
- 2.8. **Dopamine 2-20 mcg/kg/min IV / IO**, may be administered post-transcutaneous pacing if patient remains hypotensive



3. Bradycardia Treatment Flow Chart

