



BRADYCARDIA

Effective: January 1, 2023
Replaces: January 1, 2021

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 1 mg IV / IO**, may repeat every 3-5 minutes, total dosage of 3 mg
 - 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

