

Symptomatic Bradycardia	
ADULT (HR less than 45 bpm)	PEDIATRIC (HR less than 60 bpm)
BLS Procedures	
Administer oxygen as indicated Supine position as tolerated	Administer oxygen as indicated Assist ventilations if needed If significant ALOC, initiate CPR
ALS Standing Orders	
IV/IO access Obtain 12-lead ECG Atropine <ul style="list-style-type: none"> • IV/IO – 0.5 mg (1 mg/10 mL) Transcutaneous Pacing (TCP) <ul style="list-style-type: none"> • Should be initiated only if patient has signs of hypoperfusion • Should be started immediately for 3^o heart blocks and 2^o Type 2 (Mobitz II) heart blocks • If pain is present during TCP <ul style="list-style-type: none"> ○ Morphine – per policy 705.19 - Pain Control <p>If patient remains hypotensive (SBP less than 90mmHg)</p> <ul style="list-style-type: none"> • Epinephrine 10 mcg/mL <ul style="list-style-type: none"> ○ 1 mL (10 mcg) q 2 minutes, slow IV/IO push ○ Titrate to SBP of greater than or equal to 90 mm/Hg 	If CPR indicated, initiate CAM and reference appropriate cardiac arrest treatment protocol IV/IO access <ul style="list-style-type: none"> • IV/IO access only if patient in extremis • Epinephrine 10 mcg/mL <ul style="list-style-type: none"> ○ 0.1 mL/kg (1 mcg/kg) q 2 minutes, slow IV/IO push ○ Max single dose of 1 mL or 10 mcg ○ Titrate to SBP of greater than or equal to 80 mm/Hg
Communication Failure Protocol	
Base Hospital Orders only	
For suspected hyperkalemia <ul style="list-style-type: none"> • Calcium Chloride <ul style="list-style-type: none"> ○ IV/IO – 1 g over 1 min <ul style="list-style-type: none"> • Withhold if suspected digitalis toxicity • Sodium Bicarbonate <ul style="list-style-type: none"> ○ IV/IO – 1 mEq/kg 	Atropine <ul style="list-style-type: none"> • IV/IO – 0.02 mg/kg <ul style="list-style-type: none"> ○ Minimum dose – 0.1 mg
Consult with ED Physician for further treatment measure	
Additional Information <ul style="list-style-type: none"> • 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) • Refer to VCEMS Policy 735 for additional information on preparing push dose epinephrine solution. 	

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VCEMS Medical Director