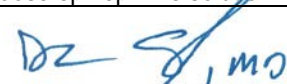


Symptomatic Bradycardia	
ADULT (HR less than 40 bpm)	PEDIATRIC (HR less than 60 bpm)
BLS Procedures	
Administer oxygen as indicated Supine position as tolerated	Administer oxygen as indicated Assist ventilations if needed If significant ALOC, initiate CPR
ALS Standing Orders	
<p>IV/IO access</p> <p>Obtain 12-lead ECG</p> <p>Atropine</p> <ul style="list-style-type: none"> IV/IO – 0.5 mg (0.1 MG/mL) <p>If initial Atropine is transiently effective, or patient remains bradycardic without hemodynamic compromise.</p> <ul style="list-style-type: none"> May repeat Atropine 0.5 mg IV/IO q 5 min to a total max dose of 3 mg. <p>Transcutaneous Pacing (TCP)</p> <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"> Pain Control– per policy 705.19 <p>If patient remains hypotensive (SBP less than 90mmHg)</p> <p>Epinephrine 10 mcg/mL</p> <ul style="list-style-type: none"> 1 mL (10 mcg) q 2 minutes, slow IV/IO push Titrate to SBP ≥ 90 mm/Hg <p>When patient presents or becomes hypotensive without signs of heart failure.</p> <p>Normal Saline</p> <ul style="list-style-type: none"> 500 mL IV/IO bolus May repeat x 1 for total of 1,000 mL <p>For suspected hyperkalemia</p> <ul style="list-style-type: none"> Calcium Chloride <ul style="list-style-type: none"> IV/IO – 1 g <ul style="list-style-type: none"> Withhold if suspected digitalis toxicity Sodium Bicarbonate <ul style="list-style-type: none"> IV/IO – 1 mEq/kg Repeat 0.5 mEq/kg x 2 q 5 min 	<p>If CPR indicated, initiate CAM and reference appropriate cardiac arrest treatment protocol</p> <p>IV/IO access</p> <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
Base Hospital Orders Only	
	<p>Atropine</p> <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	
<p>Additional Information</p> <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. 	

Effective Date: December 1, 2020
Next Review Date: October 31, 2022

Date Revised: October 8, 2020
Last Reviewed: October 8, 2020



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