Stanislaus County
Emergency Medical Services Agency

Symptomatic Bradycardia

ADULT	PEDIATRIC

BLS

Secure Airway.
Assess Vitals.
Obtain sp02.
Oxygen. Titrate to sp02 of 94% or higher
Assist Ventilations, if needed
If significant ALOC, accompanied with poor skin signs, initiate CPR (Pediatric HR less than 60 bpm)

ALS

Follow BLS procedures if applicable.
Obtain ECG &12-lead.
IV/IO Access

- Only treat bradycardia that creates severe associated signs and symptoms. Consider a 250mL fluid bolus before more advanced intervention if the patient's condition is stable.

ETC02 for patients receiving narcotics.

Symptomatic Bradycardia – Hemodynamically Stable

ADULT

HR less than 50 bpm
Associated symptoms: Chest Pain, Shortness of Breath, Acute ALOC, Syncope.

Normal Saline 250 mL IV/IO

- May repeat to a max of 1000 mL to achieve systolic blood pressure greater than 100 mmHg.

Consider Atropine 1 mg IV/IO

- If effective, repeat every 3 minutes to keep HR greater than 50 bpm.
- Total max dose of 3 mg.
- If no response, do not repeat dose.

PEDIATRIC

HR less than 60 bpm
Associated symptoms: Chest Pain, Shortness of Breath, ALOC, Syncope

Normal Saline 20 mL/kg IV/IO

- May repeat as necessary to achieve target blood pressure.

Provide Supportive Care

- <u>Bradycardia cases in pediatrics are often secondary to hypoxia.</u>
- Provide oxygen support.

Symptomatic Bradycardia – Hemodynamically Unstable

ADULT

HR less than 50 bpm
Associated symptoms, <u>AND</u> hypotension

Consider Atropine

Transcutaneous Pacing (TCP)

- Pace at 70 bpm, increase joules until confirmed mechanical capture.

If no hemodynamic response after successful pacing, administer push dose epinephrine

Push Dose Epinephrine 20 mcg IV/IO

- May repeat every 3 mins.

Midazolam 2 mg IV/IO/IN – **Sedation**

PEDIATRIC

HR less than 60 bpm
Associated symptoms, <u>AND</u> hypotension

CPR (for patients without signs of puberty)

Push Dose Epinephrine 0.01 mg/kg (0.1mL/kg of the 0.1mg/mL concentration) IV/IO.

- May repeat every 3-5 minutes, until signs of poor perfusion have improved.

Consider Atropine 0.02 mg/kg IV/IO

- May repeat every 3-5 minutes.
- Minimum dose 0.1 mg, Max initial dose 0.5 mg

<u>Special Considerations</u>

- Consider reversible causes (H's and T's)
- For suspected overdose, refer to Overdose Protocol

DRAFT

Base Hospital Order

Contact Base Hospital for treatment exceeding written protocol

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