

BRADYDYSRHYTHMIAS

ALWAYS USE STANDARD PRECAUTIONS


INDICATION

- HR < 50 with adequate or inadequate perfusion

PHYSICIAN CONSULT

- If SBP < 80, obtain physician consult for **Push-dose Epinephrine**

TREATMENT

- Adequate perfusion
 - ALS RMC
- Inadequate perfusion (acute altered mental status, ongoing chest pain, hypotension or other signs of shock)
 - ALS RMC
 - **Atropine** 0.5 mg IV/IO Repeat q 3-5 min. to total of 3 mg. (Atropine should not delay pacing for patients with inadequate perfusion).
 - Transcutaneous pacing for high-degree blocks (type II second-degree or third-degree)
 - Fluid bolus of 250-500 ml NS if hypotensive and lungs clear. Repeat as needed. If inadequate response
-  If SBP < 80 obtain physician consult for **Push-dose Epinephrine**:
 - Mix 1mL Epinephrine (0.1mg/mL concentration) with 9mL Normal Saline in a 10mL syringe
 - Administer Push-dose Epinephrine 1mL IV/IO every 3-5 minutes
 - Titrate to maintain SBP >80mmHg
 - Monitor blood pressure every five minutes

SPECIAL CONSIDERATIONS

- Consider and treat possible contributing factors:

<ul style="list-style-type: none"> ▪ Hypovolemia ▪ Hypoxemia ▪ Hydrogen ion (acidosis) ▪ Hypo/Hyperkalemia ▪ Hypoglycemia ▪ Hypothermia 	<ul style="list-style-type: none"> ▪ Toxins (overdoses) ▪ Tamponade, cardiac ▪ Tension pneumothorax ▪ Thrombosis (coronary / pulmonary) ▪ Trauma
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DOCUMENTATION / ESSENTIAL ELEMENTS

- Time pacing started/ stopped

RELATED POLICIES/ PROCEDURES

- Adult Sedation Policy ATG 3
- External Cardiac Pacing Procedure ALS PR 11