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:
  - Hypovolemia
  - Hypoxemia
  - Hydrogen ion (acidosis)
  - Hypo/Hyperkalemia
  - Hypoglycemia
  - Hypothermia
  - Toxins (overdoses)
  - Tamponade, cardiac
  - Tension pneumothorax
  - Thrombosis (coronary / pulmonary)
  - Trauma

DOCUMENTATION / ESSENTIAL ELEMENTS
- Time pacing started/ stopped

RELATED POLICIES/ PROCEDURES
- Adult Sedation Policy ATG 3
- External Cardiac Pacing Procedure ALS PR 11