## **BRADYCARDIA**

## Routine Medical Care

- •Bradycardia: < 60 beats/minute, 2nd degree block, 3rd degree block
- Serious signs and symptoms:
  - → Acute altered mental status
- → Hypotension

→ On-going chest pain

→ Other signs of shock

- Note:
  - → If utilizing Transcutaneous Pacing (TCP), verify mechanical capture and patient tolerance (see page 146)
  - → Use sedation with caution in the hypotensive patient (see page 139)
  - → If patient symptomatic and pacing not available, consider rapid transport

\*\*If patient is symptomatic, do not delay pacing to start an IV or wait for atropine to take effect.

## / Transcutaneous Pacing :

Begin at 80 bpm, 0 mA; increase in 10 mA increments until capture obtained then increase the output level by 10%. (see TCP page 146)

- ✓ Consider: **Sedation** (see note above & sedation policy)
- ✓ Consider: MS 1-2 mg slow IV/ IO for pain management – titrate to effect
- ✓ Consider: Atropine 0.5 mg IV/ IO while waiting for TCP. May repeat to a total dose of 3 mg.
- ✓ Consider: **Dopamine** 2-10 mcg/kg/min IV/IO, while waiting for TCP or TCP ineffective

## If capture maintained but patient remains symptomatic, consider:

- ✓ Increase rate by 10 bpm to a max of 100 bpm
- ✓ Fluid challenge, particularly if evidence of right ventricular MI

Consider:
Base Physician consult
if patient remains
symptomatic

