

Assess appropriateness for clinical condition
Heart rate typically < 50bpm if bradyarrhythmia

IDENTIFY AND TREAT UNDERLYING CAUSE

- MAINTAIN PATENT AIRWAY
 - > Assist breathing as necessary
- OXYGEN (IF HYPOXEMIC)
- CARDIAC MONITOR TO IDENTIFY RHYTHM
 - > Monitor blood pressure and oximetry
- OBTAIN 12-LEAD ECG
- ESTABLISH IV ACCESS
- CONSIDER POSSIBLE HYPOXIC & TOXICOLOGIC CAUSES

IS PERSISTENT BRADYARRHYTHMIA CAUSING:

- HYPOTENSION
- ACUTE ALTERED MENTAL STATUS (AMS)?
- SIGNS OF SHOCK?
- ISCHEMIC HEART DISCOMFORT?
- ACUTE HEART FAILURE?

NO

Monitor and observe the patient

YES

Atropine (1 mg IV)

- If Atropine ineffective:
 - > Transcutaneous pacing
OR
 - > Dopamine infusion (2-10 mcg/kg/min)
OR
 - > Epinephrine infusion (2-10 mcg/min)

Consider:

- Consultation with expert
- Transvenous pacing

DOSES & DETAILS

ATROPINE IV DOSE

First dose

- 1 mg bolus
- Repeat every 3-5 minutes
- Maximum: 3 mg.

DOPAMINE IV INFUSION

Usual infusion rate is 5-20mcg/kg/min
• Titrate to patient response; taper slowly.

EPINEPHRINE IV INFUSION

2-10mcg/min infusion.
• Titrate to patient response.

