



Bradycardia: Stable/Unstable and Atrioventricular Heart Blocks



Legend	
	EMR
	EMT
	Intermediate
	Paramedic
	Medical Control

EMR	<ol style="list-style-type: none"> 1. Universal Cardiac Care. 2. Oxygen: Titrate the O2 to maintain SpO2 above 94%. 	EMR
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EMT	<ol style="list-style-type: none"> 1. Continue EMR care. 2. Apply cardiac monitor and obtain 12-lead EKG if indicated by chief complaint. Transmit to receiving facility (if equipped). It is beyond the scope of the EMT to interpret 12-leads or cardiac rhythms. 3. Contact receiving hospital as soon as possible. 4. If patient condition warrants, request ALS/ILS intercept s soon as possible. 	EMT
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I	<ol style="list-style-type: none"> 1. Continue EMT care. Be sure 12-lead is obtained before any medication is administrated. 2. Obtain 12-lead EKG and transmit to receiving facility if not already done by EMT personnel. 3. Initiate IV/IO Isotonic crystalloid Solution. Administer a 1-2 L bolus if BP < 100mmHg and lungs clear, otherwise run at TKO rate. 4. Initiate ALS intercept and transport as soon as possible. (Transport can be initiated at any time during this sequence). 5. UNSTABLE if serious signs/symptoms present (Cardiac Rhythm Thinking Points): Atropine 0.5mg IV/IO (Repeat q 3-5 minutes up to a total of 6mg). 	I
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P	<ol style="list-style-type: none"> 1. Continue ILS care 2. If bradycardic and symptomatic but NOT in a 2° Degree Block (Type II) or 3° Degree Block, give Atropine 0.5mg IV/IO (Repeat q 3-5 minutes up to a total of 3mg). If atropine does not work, proceed to transcutaneous pacing. 3. If bradycardic and symptomatic with a 2° Degree Block (Type II) or 3° Degree Block: Immediate transcutaneous pacing with minimum heart rate of 70 bpm. Start at 2mA at titrate up to mechanical capture. Ensure mechanical capture with femoral pulse check. 	P
MC	<p style="text-align: center;">Pre-medicate (sedate) if possible: Versed 2mg IV/IO SLOWLY (may repeat x1) OR Ketamine, 2.5mg/kg IV/IO</p> <ol style="list-style-type: none"> 4. If pacing, and systolic BP < 90mmHg and persistent symptoms: Dopamine Infusion @ 5mcg/kg/min. Increase by 5mcg/kg/min every 2 minutes to achieve SBP of 90 mmHg (not to exceed 20 mcg/kg/min). See Dopamine Dosing Chart. 	MC

**** NOTE:** If patient has history of renal disease or is known dialysis patient, do not give excessive fluids.