UnityPoint Health
EMS System

Cardiac Rhythm Thinking Points

Bradycardia Thinking Points

Assessment must include:
- Past medical history
- Medications
  - Beta-blockers
  - Calcium channel blockers
  - Clonidine
  - Digoxin
- Trauma / related injury
- Pacemaker
- Other medical issue
- **Treat the patient, not the monitor. Bradycardia does not mean the patient is unstable or requires intervention.**
- Assess for underlying cause according to appropriate SMO.

Unstable - Serious Signs and Symptoms

Heart rate < 60
with altered level of consciousness
Chest pain
Dizziness
Diaphoresis
Experiencing PVC's
Hypotension < 100 mmHg

Stable Signs and Symptoms

Considered asymptomatic if patient is alert, oriented, with warm dry skin and systolic BP > 100 mmHg

Possible Causes

- Acute MI
- Hypoxia
- Pacemaker failure
- Hypothermia
- Sinus bradycardia
- Athletes
- Head injury (elevated ICP, Cushing's syndrome) or Stroke
- Spinal cord lesion
- Sick sinus syndrome
- AV blocks (2° type II or 3°)
- Overdose
- Hyper/hypokalemia

Narrow Complex Tachycardia Thinking Points

Assessment must include:
- Past medical history
- Medications
- Diet
- Syncope/near syncope
- CHF
- Palpitations
- Pacemaker
- Other medical issue
- Allergies: Lidocaine or Novocain
- Health & physical condition
- Trauma or injury related

Treat the patient, not the monitor. Confirm heart rate with a manual pulse check. Tachycardia does not mean the patient is unstable or requires intervention.

Serious Signs and Symptoms
- Narrow complex tachycardia on EKG
- Conscious, rapid pulse
- Chest pain, shortness of breath
- Dizziness
- Rate usually 150-180bpm for sustained VT
- **QRS < 0.12 sec**

For EMT level; obtain a 12-lead and transmit to the receiving hospital as soon as possible.

The goal for EKG is to be obtained by all levels within 10 minutes.

Possible Causes:
- Artifact/Device Failure
- Cardiac
- Endocrine/Metabolic
- Drugs
- Pulmonary

Assess for underlying causes

- Monitor patient for respiratory depression.
- Monitor respiratory status: SpO2 / Waveform Capnography (if available).
- When administering ADENOSINE, be prepared for immediate defibrillation if the rhythm converts to VF.
- **DO NOT administer Adenosine if heart rate is <150 bpm without consulting Medical Control.**
- Examples of vagal maneuvers include valsalva maneuver (bearing down) or coughing.

NOTES:
- An 18ga IV in the right AC is preferred for the RAPID administration of Adenosine and followed by the flush.
- Have patient prepped for cardioversion and/or defibrillation
- If patient is displaying signs and symptoms of instability, refer to Narrow Complex Tachycardia Unstable SMO.