

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. (<i>Transport can be initiated at any time during this sequence</i>). 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 3mg). 	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="margin-left: 20px;">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.