

SYMPTOMATIC BRADYCARDIA (A03)

Bradycardia is characterized by a heart rate < 60. It may be secondary to sinus node disease, increased parasympathetic tone or drug effects (e.g., digitalis, propranolol or Verapamil). The rhythm is regular or slightly irregular with the heart rate < 60 beats per minute.

	F	E	O	P	D
ASSESSMENT	X	X	X	X	
OXYGEN: if pulse oximetry < 94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
PULSE OXIMETRY: apply and monitor.	X	X	X	X	
CAPNOGRAPHY: apply and monitor.				X	
VASCULAR ACCESS: IV/IO, rate as indicated.				X	
12 LEAD ECG				X	
ATROPINE: 1 mg IV/IO push. Repeat every 3-5 minutes for a maximum total dose of 3 mg.				X	
TRANSCUTANEOUS CARDIAC PACING: If patient remains hemodynamically unstable with serious signs & symptoms, DO NOT delay TCP waiting for vascular access or for atropine to take effect. <u>Place pacing pads on the Anterior/ Posterior thorax, if possible.</u> Start current level at 10 milliamps, increase current until electrical capture noted. Start at a rate of 60/minute and increase rate as needed. Check pulses to confirm mechanical capture.				X	
PAIN MANAGEMENT: FENTANYL: 1 – 2 mcg/kg IV/IO/IM/IN. If initial dose given IV/IO/IN, may repeat in 5 minutes, or if initial dose given IM may repeat in 10 minutes. Repeat doses at 0.5 mcg/kg. Maximum total 3 mcg/kg. MIDAZOLAM: 0.5-1 mg increments IV/IO/IM/IN titrated to patient's pain or spasm up to 2 mg. Hold for SBP < 100.				X	
PUSH DOSE EPINEPHRINE: for hypotension – titrate to SBP ≥ 90 - Mix 1 mL of Epi 1:10,000 (0.1 mg/mL) with 9 mL of NS = concentration of 1:100,000 (0.01 mg/mL) - Label syringe "epinephrine 10 mcg/mL" 0.5 – 1 mL (5-10 mcg) IVP every 1 – 5 minutes If SBP does not stabilize ≥ 90 after two doses, consider epinephrine drip. Refer to Epinephrine Drip Chart (TCEMSA Rx Guidelines)				X	

CONSIDER CAUSES

- Hypoxia - provide ventilation. Check for reversible cause of hypoventilation.
- HYPOTHERMIA A61
- POISONING A50 & OVERDOSE A51

EFFECTIVE: November 1, 2023

Provider Key: F = First Responder/EMR
P = Paramedic

E = EMT O = EMT Local Optional SOP
D = Base Hospital Physician Order Required