SYMPTOMATIC BRADYCARDIA
(hypotension, ventricular ectopy)

Assess and maintain CAB’s
Administer O₂ if needed
Assess vitals
Apply monitors (EKG, Pulse Ox, B/P)
Targeted history / Physical exam
Establish IV access

↓

Evaluate rhythm
Wide complex 3rd degree
or 2nd degree type II heart block?

↓

NO

YES

May attempt
Atropine
↓
Prepare for transcutaneous Pacemaker, Dopamine or Epi-infusion
↓
Prepare for transvenous pacemaker

↓

Atropine 0.5mg IVP (repeat q 3 - 5 min, max 3mg)
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If unsuccessful and seriously symptomatic
↓
Apply transcutaneous pacemaker @ 60 BPM
or
Dopamine infusion
2-10mcg/kg/min titrate to heart rate >60
(not to exceed 20mcg/kg/min)
or
Epinephrine infusion
2-10 mcg/min titrate to heart rate >60
↓
Prepare for transvenous pacemaker if needed

Tips for successfully managing this case:

- Don’t forget:
  • Administer O₂ if needed
  • Start/upgrade IV

* Determine whether patient is stable or unstable
  - Gather data
  - Get vital signs
  - Attach monitor(s)
  - EKG
  - Pulse oximeter
  - BP

Start with:
- Level of consciousness
- Blood pressure
- Lung sounds
- Presence/absence of chest pain
- Gather problem focused history

* Your goal: Control the rate, improve perfusion and maintain a normal rhythm

* Verbalize appropriate drug, dose, route flush, and reevaluate patient after each intervention

Quick Tip
For symptomatic bradycardia’s:

After Ten Don’t Eat: Atropine, Transcutaneous Pacemaker, Dopamine Infusion, Epinephrine Infusion