

# SYMPTOMATIC BRADYCARDIA

(hypotension, ventricular ectopy)

## Assess and maintain CAB's

Administer O<sub>2</sub> 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?



YES

May attempt  
Atropine



Prepare for  
transcutaneous  
Pacemaker,  
Dopamine or  
Epi-infusion



Prepare for  
transvenous  
pacemaker

NO



Atropine 0.5mg IVP (repeat q 3 - 5 min, max 3mg)



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)



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 O<sub>2</sub> 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 I**en **D**on't **E**at : Atropine, Transcutaneous Pacemaker, Dopamine Infusion, Epinephrine Infusion