



Cardiovascular
BRADYCARDIA WITH PULSES - ADULT
Practice Guideline

Patient Care Goals:

1. Maintain adequate perfusion
2. Restore regular sinus rhythm, correct rhythm disturbance if unstable
3. Search for underlying cause (hypoxia, shock, second or third degree AV block, toxin exposure)

Patient Presentation:
 May present with symptoms such diaphoresis, dyspnea, chest pain, syncope/near syncope, hemodynamic instability, altered mental status

Inclusion Criteria
 Heart rate <50 in adults

Exclusion criteria
 No specific recommendations

Patient Management:
 Atropine: 0.5 mg IV/IO q 3-5 min to max of 3mg.
 Patients with history of heart transplant will not respond to atropine.
 Second degree type II and Third degree heart block will likely need TCP; use atropine as bridge to TCP.

Transcutaneous pacing (TCP):
 Set pacer to fixed mode, Rate 70, output 50mA
 Determine electrical capture and mechanical capture (right sided pulses), increase rate by 5 and/or output by 10mA to ensure/maintain capture

Sedation or Analgesia PRN stability:
 Midazolam 0.1 mg/kg max of 2 mg
 Fentanyl 0.5 to 1 mcg/kg max of 100 mcg

Quality Improvement:
 Key Documentation Elements

1. Heart rate and rhythm changes
2. Interventions
3. Mental status or signs of instability

Patient Safety Considerations
 If pacing is performed, consider sedation/pain control
 Routine use of lights and sirens is not recommended during transport unless hemodynamically unstable

