NOR-CAL EMS	05-0303	Adult Bradycardia
Nor-Cal EMS Policy & Procedure Manual		BLS/ALS Protocols
Effective Date: 03/01/2021		Next Revision: 03/01/2023
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR		SIGNATURE ON FILE

Authority: Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.

Assess ABC's
History and Physical
Vital Signs
Oxygen: Titrate to SPo2 to 94%

ALS

ECG= Identify Rhythm
IV / IO Access
12 lead (Do not delay treatment)

Symptomatic?

Yes

Atropine 1mg IV/IO
May repeat every 3-5 minutes
Max Dose 3mg

Atropine ineffective or any delay
move to
transcutaneous pacing

Pacing captures but patient remains symptomatic-
increase rate to 90 and consider fluid bolus
(Especially R sided MI)

Remains symptomatic consider:
Push dose Epi 5-10 mcg q 5 minutes
Or
Epi drip 2-10 mcg / min

Failing above consider **Base Hospital contact** for Dopamine 2-20 mcg/min

No

Observe / Monitor

Bradycardia:
Perfusing Heart rate less than 50, 2nd or 3rd degree block
With serious Signs / Symptoms:
ALOC, Chest Pain, Hypotension, SOB, Shock
Use caution:
with fluids if patient has wet lung sounds

Transcutaneous pacing:
Begin at a rate of 80 BPM
Start at 0 Milliamps increase until capture
Increase to 10% above capture

Consider sedation:
Midazolam: 0.5mg increments IV/IO over 3-5 minutes
Max Dose 5mg

Fentanyl: 25-50mcg slow IV/IO every 10 minutes
Max single dose 50mcg

DO NOT DELAY PACING
To establish IV or waiting for Atropine to