

DISCUSS ALL PATIENTS WITH SENIOR PRIOR TO TREATMENT

ABCDE ASSESSMENT

MANAGEMENT

- Oxygen aiming Sats 94-98% (consider 88-92% if CO₂ retainer)
- Treat Reversible Causes
 - i.e. Electrolyte Abnormalities

INVESTIGATE / MONITOR

- Full set observations
- 12 Lead ECG
- Cardiac Monitoring
- IV Access

ANY ADVERSE FEATURES

- Shock
- Syncope
- Heart Failure
- Myocardial Ischaemia

YES

CALL FOR HELP
GET CRASH TROLLEY

CALL SENIOR

ATROPINE 500mcg IV

SATISFACTORY RESPONSE?
Adverse Features Improved

RISK OF ASYSTOLE

- Recent Asystole
- Mobitz II AV Block
- Complete Heart Block with Broad QRS
- Ventricular Pause > 3secs

YES

CALL SENIOR
GET CRASH TROLLEY

NO

CONTINUE OBSERVATION

SEEK EXPERT HELP
TRANSVENOUS PACING

Refer to cardiology for definitive treatment such as internal pacing wire / pacemaker / PCI (if bradycardia due to MI)

*Alternative medications:

- AMINOPHYLLINE
- DOPAMINE
- GLUCAGON (if beta-blocker or calcium blocker overdose)
- GLYCOPYRROLATE can be used instead of ATROPINE