Section: Adult Medical
Subject: CARDIAC DYSRHYTHMIAS – BRADYCARDIA/BLOCK
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1. Basic ALS Treatment

2. Treat either pharmacologically or with transcutaneous pacing *only* if the patient is showing serious signs and symptoms. (see QA points below)

3. Bradycardia and symptomatic:
    a. Atropine
        i. 0.5 mg rapid IVP q 3 – 5 minutes (total max dose of 3.0 mg)
    b. Transcutaneous Pacing
    c. Dopamine infusion
        i. Start at 5 mcg/kg/min IV/IO
        ii. Increase by 5 mcg/kg/min q 5 minutes PRN titrated to return of peripheral pulses.
        iii. Maximum dose of 20 mcg/kg/min
    d. Epinephrine infusion
        i. Start at 2 mcg/min IV/IO
        ii. Increase by 2 mcg/min q 5 minutes PRN titrated to return of peripheral pulses.
        iii. Maximum dose of 10 mcg/min

4. Adjuncts to transcutaneous pacing if the systolic blood pressure is > 100 mmHg:
    a. Midazolam 1.25 mg IV q 5 minutes PRN anxiety
    b. Fentanyl 50 mcg IV q 5 minutes PRN pain (total dose of 350 mcg)

5. QA Points:
    a. Serious signs and symptoms must be related to the slow rate and *shall* include:
        i. Symptoms: chest pain, shortness of breath, or decreased level of consciousness.
        ii. Signs: low BP, shock, pulmonary congestion, CHF, or acute MI.
    b. Atropine is not effective for infranodal block (i.e. type II AV block and third degree block with wide QRS complexes). In these patients it may cause a paradoxical slowing, so be prepared to initiate transcutaneous pacing.
    c. Denervated transplanted hearts will not respond to atropine.
        i. Proceed at once to transcutaneous pacing, catecholamine infusion, or both.
    d. Never treat ventricular escape beats with lidocaine or amiodarone.
    e. For transcutaneous pacing:
        i. Confirm mechanical capture and patient tolerance. .
        ii. Use sedation and analgesia to ensure patient tolerance of the procedure
        iii. Do not delay TCP while awaiting IV access or for atropine to take effect if the patient is symptomatic.