

Assess appropriateness for clinical condition.
Heart rate typically < 50/min if bradyarrhythmia.

Identify and treat underlying cause

- Maintain patent airway; assist breathing as necessary*
- Oxygen — if <94%, 90% if ischemia present, or if short of breath
- Cardiac monitor to identify rhythm; monitor blood pressure and oximetry
- IV access
- 12-Lead ECG if available; don't delay therapy

Persistent bradyarrhythmia causing:

- Hypotension?
- Acutely altered mental status?
- Signs of shock?
- Ischemic chest discomfort?
- Acute heart failure?

**Monitor
and
observe**

N

Y

Atropine IV Dose:

First dose: 0.5 mg bolus
Repeat every 3–5 minutes
Maximum: 3 mg

If atropine ineffective:

- Transcutaneous pacing**
OR
- Dopamine IV infusion:
2–20 mcg/kg per minute
OR
- Epinephrine IV infusion:
2–10 mcg per minute

Consider:

- Expert consultation
- Transvenous pacing

* Dorges V, Wenzel V, Knacke P, Gerlach K, Comparison of different airway management strategies to ventilate apneic, nonpreoxygenated patients. Crit Care Med. 2003;31:800-804

** Link MS, Atkins DL, Passman RS, Halperin HR, Samson RA, White RD, Cudnik MT, Berg MD, Kudenchuk PJ, Kerber RE. "Part 6: electrical therapies: automated external defibrillators, defillation, cardioversion, and pacing: 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care". Circulation. 2010; 122(suppl 3):S706-S719. http://circ.ahajournals.org/content/122/suppl_3/S706