




INDICATIONS

Symptomatic bradycardia of cardiogenic origin with a heart rate ≤ 50 beats per minute (bpm)

Patient Assessment

Initial Resuscitation

- A** Maintain patent airway
- B** Provide supplemental O₂
- C** Obtain and transmit 12-lead ECG
-  Identify and treat underlying causes

2	3	4
2	3	4
	3	4
	3	4

Signs of Unstable Bradycardia?

SBP < 90 mmHg OR
Chest pain OR
Altered mental state OR
Seizures / Syncope

YES

IV NS 200mls bolus followed
by maintenance

IV Atropine 0.6mg every 3
to 5 mins (Max 2.4mg)

Transport & Standby to
Nearest / Fastest Hospital

NO



DIAGNOSIS

Patients with symptomatic bradycardia may present with:

- A. Altered mental status
- B. Chest pain
- C. Shortness of breath
- D. Dizziness and light-headedness
- E. Syncope



DIFFERENTIALS

Presentation of Chest Pain

Consider acute coronary syndrome (ACS) and right-sided STEMI

- A. Refer to [CPG-0301-A](#) for management of acute coronary syndrome
- B. Administer treatment for ACS first prior to initiating bradycardia protocol

Hypertension and/ or irregular breathing

Consider raised intracranial pressure

- A. Ensure patent airway and adequate ventilation (target SpO₂ $\geq 94\%$)
- B. Nurse head up at 30 degrees
- C. Refer to [CPG-0308-A](#) for seizure management if present.
- D. Refer to [CPG-0404-A](#) for traumatic brain injury if history and physical examination suggestive of brain injury and GCS ≤ 13



IV ATROPINE

- A. IV Atropine should only be administered by Level 4 Paramedics.
- B. Stop IV Atropine when heart rate maintains at ≥ 60 bpm



FLUID RESUSCITATION

- A. Consult OMC to obtain guidance for further fluid resuscitation if SBP < 90 mmHg despite initial fluid bolus

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