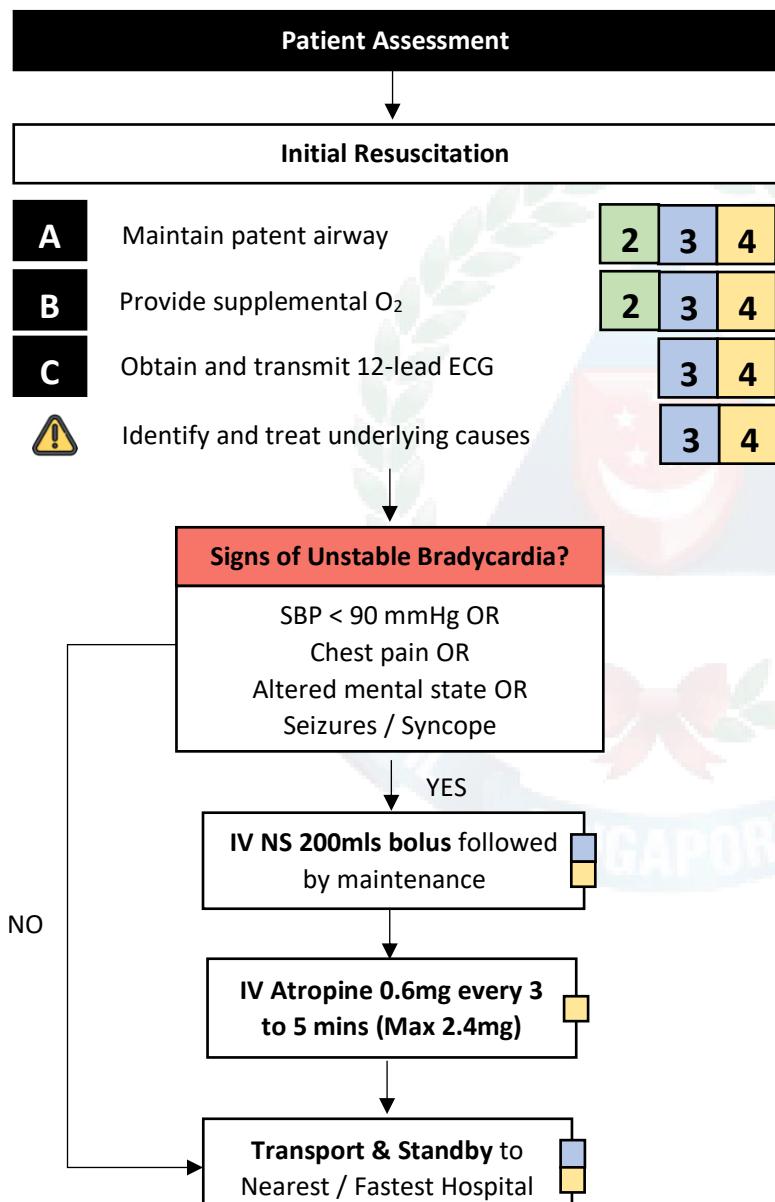




## INDICATIONS

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



## DIAGNOSIS

**Patients with symptomatic bradycardia may present with:**

- Altered mental status
- Chest pain
- Shortness of breath
- Dizziness and light-headedness
- Syncope



## DIFFERENTIALS

## Presentation of Chest Pain

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

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

## Hypertension and/ or irregular breathing

*Consider raised intracranial pressure*

- Ensure patent airway and adequate ventilation (target SpO<sub>2</sub>  $\geq 94\%$ )
- Nurse head up at 30 degrees
- Refer to [CPG-0308-A](#) for seizure management if present.
- Refer to [CPG-0404-A](#) for traumatic brain injury if history and physical examination suggestive of brain injury and GCS  $\leq 13$



## IV ATROPINE

- IV Atropine should only be administered by Level 4 Paramedics.
- Stop IV Atropine when heart rate maintains at  $\geq 60$  bpm



## FLUID RESUSCITATION

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

**Disclaimer:** The protocol is expressly intended for use by SCDF paramedics performing duties and delivering ambulance services for, and on behalf of SCDF Emergency Medical Services (EMS). Under no circumstances will the SCDF EMS, its employees or agents, be liable for any loss, injury, claim, liability or damages of any kind resulting from unauthorized use of, or reliance upon, the SCDF EMS Protocol or the contents therein.