

Bradycardia

Aliases

Heart block

Junctional rhythm

Patient Care Goals

1. Maintain adequate perfusion
2. Treat underlying cause:
 - a. Hypoxia
 - b. Shock
 - c. Second- or third-degree atrioventricular (AV) block
 - d. Toxin exposure (beta-blocker, calcium channel blocker, organophosphates, digoxin)
 - e. Electrolyte disorder
 - f. Hypoglycemia
 - g. Increased intracranial pressure (ICP)
 - h. Other

Patient Presentation

Inclusion Criteria

1. Heart rate less than 60 beats per minute (BPM) with either symptoms (altered mental status (AMS), chest pain (CP), congestive heart failure (CHF), seizure, syncope, shock, pallor, diaphoresis) or evidence of hemodynamic instability
2. The major EKG rhythms classified as bradycardia include:
 - a. Sinus bradycardia
 - b. Second-degree AV block
 - i. Type I-Wenckebach/Mobitz I
 - ii. Type II-Mobitz II
 - c. Third-degree AV block, complete heart block
 - d. Ventricular escape rhythms
3. See additional inclusion criteria for pediatric patients

Exclusion Criteria

None noted

Patient Management

Assessment, Treatment, and Interventions

1. Adult Management

- a. Manage airway as necessary
- b. Administer oxygen as appropriate with a target of achieving 94–98% saturation
- c. Initiate monitoring and perform 12-lead EKG
- d. Establish IV access
- e. Check blood glucose and treat hypoglycemia per the [Hypoglycemia Guideline](#) and [Hyperglycemia Guideline](#)