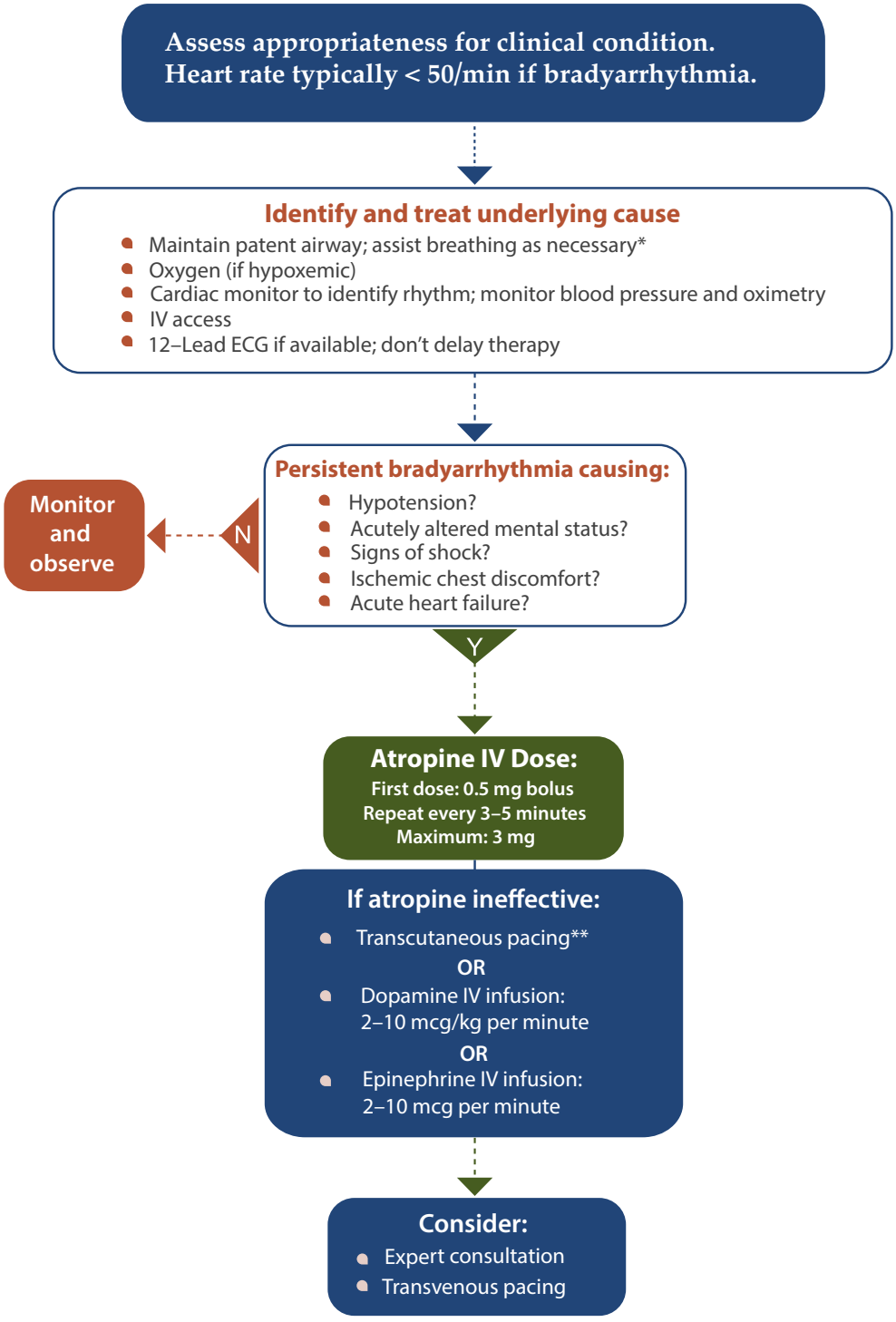
Bradycardia Algorhythm



** 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/122/18_suppl_3/S706*

Version control: This document is current with respect to 2015 American Heart Association Guidelines for CPR and ECC. These guidelines are current until they are replaced on October 2020.
If you are reading this page after October 2020, please contact ACLS Training Center at support@acls.net for an updated document. Version 2016.02.a

Bradycardia Algorhythm

Treat per General Treatment Guideline

Stable - HR <50

- Monitor EKG, obtain 12 lead
- Maintain O2 sat >90%
- IV/IO
- Placement of defibrillator / pacing pads

Unstable - HR <50 and - BP <90, ALOC, CP, SOB, s/s of heart failure, or shock

- 250cc NS to maintain BP >90, MR prn
- Consider **Atropine** 0.5 - 1.0 mg IV/IO
- Initiate transcutaneous pacing without delay for high degree blocks (2nd Degree Type 2, 3rd Degree Heart Block)
- Once capture is achieved, sedate patient using pain management protocol
- Non-responsive pacing consider

  Epinephrine drip 2-10mcg/min IV/IO, titrate to HR and BP

  OR

  Dopamine drip 5-20mcg/kg/min IV/IO, titrate to HR and BP

Notes

1. Bradycardia may be a protective measure in patients with cardiac ischemia, only initiate treatment if patient is unstable
2. Patients with hyperkalemia due to renal failure, muscular dystrophy, para/quadriplegia, crush injuries, or serious burns >48hrs prior may become bradycardic. Treat with hyperkalemia protocol.
3. In unstable patients, TCP may be initiated prior to IV/IO access

Epinephrine Mix 1mg 1:1000 in 250ml NS or D5W at 4mcg/ml	
mcg/min	ml/hr
2	30
3	45
4	60
5	75
6	90
7	105
8	120
9	135
10	150