



Yolo County Emergency Medical Services Agency

Protocols

Revised Date: May 1, 2024

SYMPTOMATIC BRADYCARDIA	
Adult	Pediatric
Signs & Symptoms	
<ul style="list-style-type: none">HypotensionAcute altered mental statusChest painSeizuresSyncope/near syncopeShortness of breathPallor or cyanosis	
BLS	
<p>Assess vital signs O_2, titrate SpO_2 to $\geq 94\%$ Assist ventilations as needed</p>	
ALS	
Cardiac Monitor, 12-Lead ECG, Waveform EtCO ₂ , Vascular Access	
HR < 50	HR < 60
<p>Atropine 1 mg IV/IO</p> <ul style="list-style-type: none">May repeat every 3 - 5 minutesMax total dose 3 mg <p><u>and/or</u></p> <p>Transcutaneous Pacing</p> <p><u>SBP < 90</u></p> <p>Fluid Bolus NS 250 mL IV/IO</p> <ul style="list-style-type: none">May repeat as needed <p><u>If no response and patient is on Beta Blockers</u></p> <p>Glucagon 1 mg IV/IO</p> <ul style="list-style-type: none">Given over 1 minuteNo repeat <p><u>Or</u></p> <p>Glucagon 1 mg IM/IN</p> <ul style="list-style-type: none">No repeat	<p><i>*Assure adequate oxygenation and ventilation</i></p> <p><u>If HR remains < 60 despite oxygenation and ventilation</u></p> <p>CPR (for patients without signs of puberty)</p> <p>Epinephrine (1:10,000) 0.01 mg/kg IV/IO</p> <ul style="list-style-type: none">May repeat every 3 - 5 minutes <p><u>Increased vagal tone</u></p> <p>Atropine 0.02 mg/kg IV/IO</p> <ul style="list-style-type: none">Minimum dose 0.1 mgMax single dose 0.5 mgTotal max dose 3 mg



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Consider

- H's and T's
- Consider sedation with pacing
- **The majority of pediatric bradycardia is due to respiratory problems**

Direction

- Transmit ECG to Receiving ED
- Contact Base Hospital for additional treatment