



History and Physical:

Historical Findings	Physical Findings
<ul style="list-style-type: none">Medical etiology	<ul style="list-style-type: none">Weak, dizzyChest painPulmonary edemaAMSHemodynamically unstableEKG Findings: any underlying cardiac rhythm with a bradycardic state

Assessment:

- Cardiac Assessment
- Differential Diagnoses: Hypoxia, accidental ingestion (beta-blocker, calcium-channel blocker)

Clinical Management Options:

Interventions	Pharmacology
<ul style="list-style-type: none">Oxygen therapy as appropriateVascular access as appropriate	<ul style="list-style-type: none">Epinephrine Infusion 2-10mcg/min<ul style="list-style-type: none">Mix 1 mg in 100ml (10mcg/ml)Utilize Infusion PumpTitrate to SBP (Age*2) + 70Start at 2mcg/minEpinephrine Push Dose 10mcg q 2 min PRN<ul style="list-style-type: none">Titrate to SBP (Age*2) + 70Utilize if Epinephrine infusion unavailable or delayedAtropine 0.02 mg/kg IV/IO<ul style="list-style-type: none">Minimum single dose 0.1 mgMaximum single dose 0.5 mgMay be repeated x1