



ADULT CARDIAC AC-03

BRADYCARDIA

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Last Revision:
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History and Physical:

Historical Findings	Physical Findings
<ul style="list-style-type: none">Medical etiology	<ul style="list-style-type: none">Weak, dizzyChest painPulmonary edemaAMSSystolic BP <90 mmHgAny underlying cardiac rhythm or ventricular rate <60 bpm in absence of ACS

Assessment:

- Cardiac Assessment
- DDx: Ischemia, cardiotoxins (beta-blocker, calcium-channel blockers), sick sinus syndrome

Clinical Management Options:

Interventions	Pharmacology
<ul style="list-style-type: none">Vascular Access<ul style="list-style-type: none">Consider IO for urgent/critical patientsPacing ASAP<ul style="list-style-type: none">Fixed ModeRate: 80Increase mA rapidly to achieve capture, then increase an additional 10% once capture is obtained	<ul style="list-style-type: none">Atropine 0.5- 1mg IV/IO<ul style="list-style-type: none">May Repeat q 5 minutesMax total dose 0.04mg/kgSedation Management<ul style="list-style-type: none">If pacingEpinephrine infusion 2-10 mcg/min<ul style="list-style-type: none">Mix 1 mg in 100ml (10mcg/ml)Utilize infusion pumpTitrate to MAP >65 or SBP>90Start at 2mcg/min

Consult:

Considerations:

- Atropine** is ineffective in high degree (2nd or 3rd) heart block