Symptomatic Bradycardia

<table>
<thead>
<tr>
<th>ADULT (HR less than 45 bpm)</th>
<th>PEDIATRIC (HR less than 60 bpm)</th>
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<tbody>
<tr>
<td><strong>BLS Procedures</strong></td>
<td><strong>ALS Standing Orders</strong></td>
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<tr>
<td>Administer oxygen as indicated</td>
<td>If CPR indicated, initiate CAM and reference appropriate cardiac arrest treatment protocol</td>
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<td>Supine position as tolerated</td>
<td>IV/O access only if patient in extremis</td>
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**ALS Standing Orders**

- **IV/O access**
- Obtain 12-lead ECG
- **Atropine**
  - IV/O – 0.5 mg (1 mg/10 mL)
- **Transcutaneous Pacing (TCP)**
  - Should be initiated only if patient has signs of hypoperfusion
  - Should be started immediately for 3º heart blocks and 2º Type 2 (Mobitz II) heart blocks
  - If pain is present during TCP
    o **Pain Control** – per policy 705.19
- If patient remains hypotensive (SBP less than 90mmHg)
  - **Epinephrine 10 mcg/mL**
    o 1 mL (10 mcg) q 2 minutes, slow IV/O push
  - Titrate to SBP of greater than or equal to 90 mm/Hg

**Base Hospital Orders Only**

- **Atropine**
  - IV/O – 0.02 mg/kg
    o Minimum dose – 0.1 mg

**Additional Information**

- Bradycardia does not require treatment unless signs and symptoms are present (chest pain, altered level of consciousness, abnormal skin signs, profound weakness, shortness of breath or low BP)
- Refer to VCEMS Policy 735 for additional information on preparing push dose epinephrine solution.