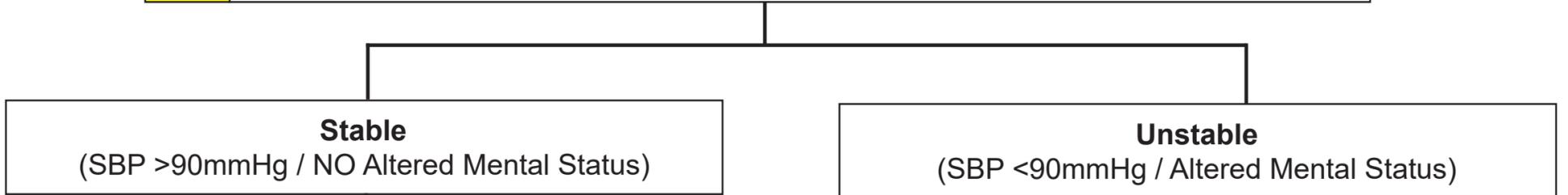


Adult Cardiac Symptomatic Bradycardia

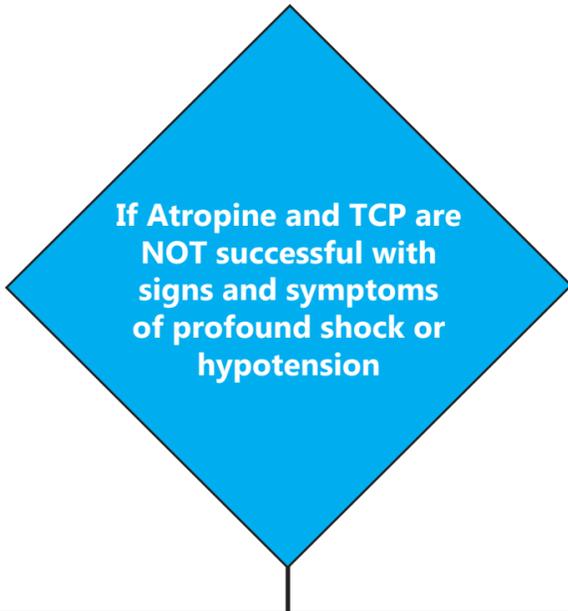
Designation of Condition: Patient will present with a heart rate typically <50bpm with associated signs and symptoms of hypoperfusion (decreased or altered LOC, chest pain, lightheadedness/dizziness, shortness of breath, acute heart failure or other SxS of shock)

B	<p>ABC, Vital signs to include BGL, Apply cardiac monitor Acquire 12 lead ECG in first 5 minutes O2 to maintain an SpO2 of >90% Capnography If patient is significantly SOB but has severe chest pain Administer ASA 324 PO refer to ACS Guideline. If patient is significantly SOB with rales on auscultation refer to Congestive Heart Failure/Pulmonary Edema</p>
I	<p>IV/IO Consider fluid bolus of 500mL Repeat as patient condition requires OR If patient is significantly SOB with rales on auscultation do not give fluid bolus</p>



P	<p>Consider placing the pads on the patient and prep medications for decompensation</p>
<p>Monitor and reevaluate the patient's condition Transport to the appropriate facility</p>	

P	<p>Transcutaneous Pacing Pace at a rate of 60-80bpm. Slowly increase current until electrical capture is achieved, assess for capture, increase as needed for BP</p> <p>Administer narcotics per the Pain Management Guideline If narcotic administration is contraindicated sedation may be utilized <u>instead of analgesia</u>: Administer Benzodiazepine per the Chemical Sedation Guideline</p> <p style="text-align: center;">Atropine</p> <p>0.5mg IV/IO q 3-5 min to a max of 3mg Goal: heart rate of at least 60 bpm and a blood pressure of 90 mmHg systolic (Increased LOC, Increased hemodynamics).</p> <p>Atropine not effective in the setting of acute MI, cardiac transplant patients, third degree heart block or Mobitz type II second-degree heart block, should be used only after attempts at transcutaneous pacing have failed</p>
----------	--



P	<p>Epinephrine Drip of 2 mcg/min IV/IO, increase 2mcg/min to max of 10mcg/min or Norepinephrine drip of 4 mcg/min IV/IO, increase 2 mcg/min to a max of 10 mcg/min or Epinephrine mini-bolus of 0.5 to 1 cc of 1:100,000 IV/IO q 1 min PRN To a goal SBP \geq 90 mmHg</p>
<p>Maintain BP of \geq90mmHg</p>	