

2.07 DYSRHYTHMIA: SYMPTOMATIC BRADYCARDIA

BLS Treatment

- Position of comfort.
- NPO.
- **Oxygen** as indicated.

ALS Treatment

Current American Heart Association Guidelines concerning Emergency Cardiac Care assessments and interventions shall always take precedence over local protocols when there is a conflict concerning techniques of resuscitation.

- IV/IO with **Normal Saline** TKO.
- 12-lead EKG. If symptomatic, do not delay therapy in order to obtain 12 lead.
- **Atropine**, or **Transcutaneous Pacing (TCP)** as needed for continued unstable bradycardia.
- If agitated during TCP and SBP > 90, may administer **Midazolam**:
- **Morphine Sulfate**
- If the heart rate > 50 BPM, but hypotension persists:
 - **Normal Saline** fluid bolus
 - If **Normal Saline** bolus ineffective, administer **Dopamine** Titrate to maintain SBP > 90.
- If dialysis patient with suspected hyperkalemia [T wave is peaked; QRS is prolonged (>0.12 seconds) or hypotension develops] AND bradycardia is unresponsive to **Atropine** and **Transcutaneous pacing**, administer **Calcium Chloride**
- If suspected hyperkalemia persists (peaked T wave; prolong QRS), administer **Albuterol** via nebulizer (helps drive K⁺ into cells).