

BRADYCARDIA

1. Establish IV/IO access.
2. Monitor EKG. Apply 12-Lead EKG, if available.
3. Administer **O₂**.
4. If serious signs or symptoms* occur, administer 0.5 mg of **atropine** IV/IO[†]. Repeat q 3-5 minutes, not exceeding 0.04 mg/kg or 3 mg.
5. If atropine is ineffective, perform transcutaneous pacing.
6. Consider **dopamine** infusion starting at 5-20 mcg/kg/minute IV/IO titrated to BP, if no response to atropine or transcutaneous pacing.[‡]

*Bradycardia causing any one of the following: Hypotension, acutely altered mental status, signs of shock, ischemic chest discomfort, acute heart failure (CHF).

[†]This drug may be administered ETT if IV/IO access cannot be established. ET dose is double the IV dose.

[‡]If dopamine is unavailable, epinephrine may be substituted at a continuous infusion of 2-10 mcg/min IV/IO and titrated response.