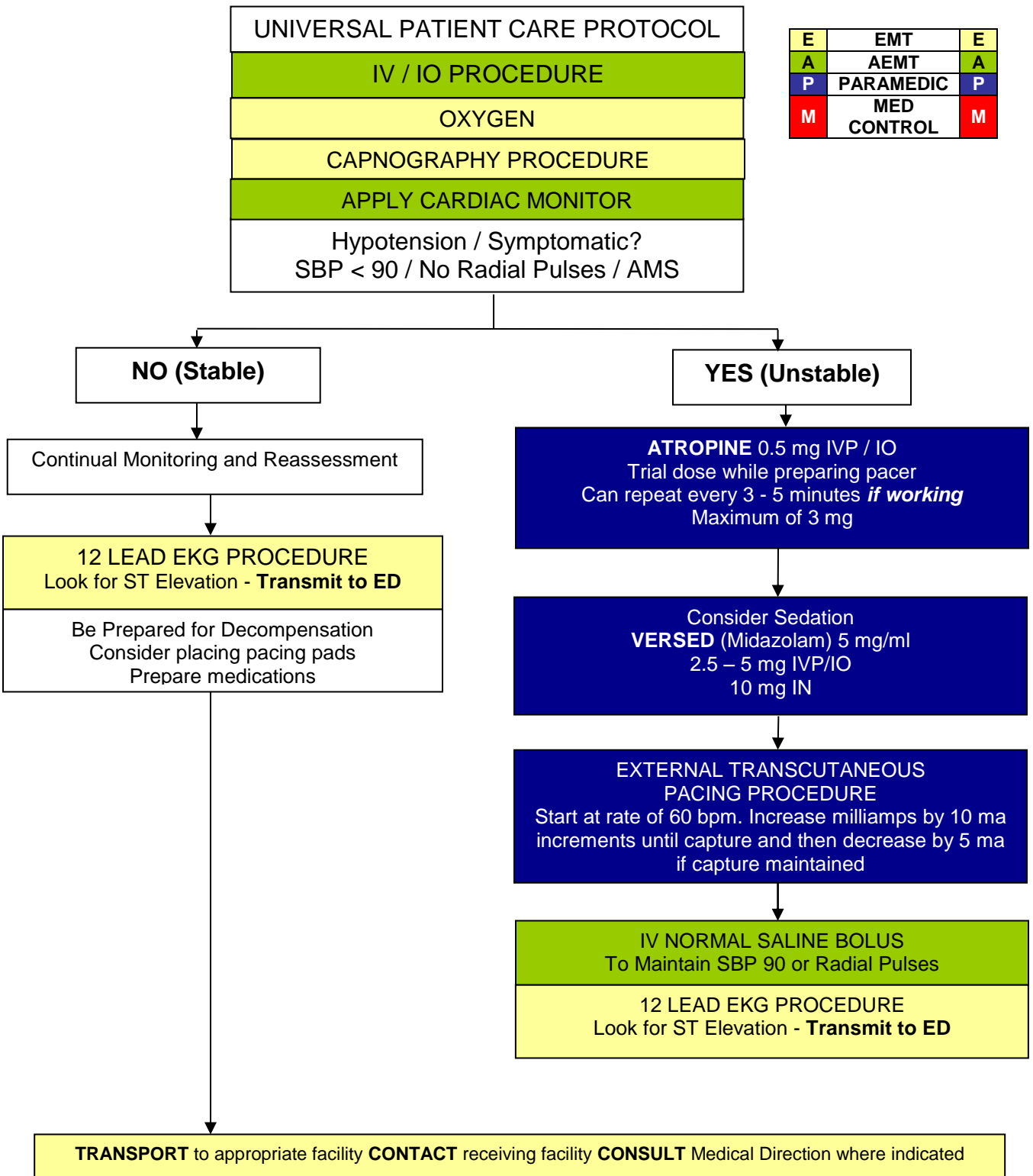




# Section 4: Adult ACLS Protocols

## ADULT ACLS: BRADYCARDIA





## Section 4: Adult ACLS Protocols

### ADULT ACLS: BRADYCARDIA- Cont.

#### PEARLS and KEY POINTS

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"><li>• Past medical history</li><li>• Medications</li><li>• Beta-blocker use</li><li>• Calcium channel blocker use</li><li>• Clonidine use</li><li>• Digitalis use</li><li>• Pacemaker</li></ul>	<ul style="list-style-type: none"><li>• HR &lt; 60 / min</li><li>• Chest pain</li><li>• Respiratory distress</li><li>• Hypotension or shock</li><li>• Altered mental status</li><li>• Syncope</li></ul>	<ul style="list-style-type: none"><li>• Acute myocardial infarction</li><li>• Hypoxia</li><li>• Hypothermia</li><li>• Sinus bradycardia</li><li>• Athletes</li><li>• Head injury (elevated ICP) or stroke</li><li>• Spinal cord lesion</li><li>• Sick sinus syndrome</li><li>• AV blocks (1°, 2°, or 3°)</li></ul>

- Exam: Mental Status, Neck, Heart, Lungs, Neuro
- The use of Amiodrone (Cordarone) in heart block can worsen bradycardia and lead to asystole.
- Treatment of bradycardia is based upon the presence or absence of hypotension. If hypotension exists, treat. If Blood pressure is adequate, monitor only
- If the patient is critical and an IV is not established, initiate pacing.
- If the patient converts to another rhythm, refer to the appropriate protocol and treat accordingly.